



*SN Iniscealtra*

Mountshannon, Co. Clare. Tel: 061927299

[mountshannons@gmail.com](mailto:mountshannons@gmail.com)

[mountshannons.scoilnet.ie](http://mountshannons.scoilnet.ie)

---

---

### Application For Admission Of New Pupils: Year 2019/2020

Name of Pupil	
Name of Pupil	(As per Birth Certificate- if different from above)
P.P.S. No	
Address	
Date of Birth	
Religion	
Date and place of Baptism (if baptised)	
Any Previous School Attended	
Telephone (home)	
(work)	

Father's Name		Mother's Name (and maiden name-if applicable)	
Address (If different from pupil's)		Address (If different from pupil's)	
Occupation (Father)		Occupation (Mother)	
Phone		Phone	
Work Phone		Work Phone	
Email for Correspondence		Mobile Phone Number for Textaparent Correspondence	Name: Number:
Alternative Contact Numbers if the child is ill or has an accident in school	Name	Number	
	Name	Number	
Name and contact details of Family Doctor			
Number of Children in Family		Place in family	(e.g. first/second)
<b>Please circle as appropriate</b>		<b>Comment</b>	
<b>Referral to Other Agencies</b>		Yes	No
Has your child been referred to any outside agency (e.g. speech therapist, specialist, psychologist)			
<b>Has your child any difficulties with any of the following</b>			<b>Comment</b>
<b>Please circle as appropriate</b>			
Vision	Yes	No	
Hearing	Yes	No	
Physical co-ordination	Yes	No	
Speech- speaking	Yes	No	

Speech- understanding	Yes	No	
Mixing with other children	Yes	No	
Concentration	Yes	No	
General alertness	Yes	No	
Does any legal order under Family Law exist that the School should know about? (If yes please give details)	Yes	No	
Does the child have any illness / health problem which the school should be aware of or which might affect the child's ability to learn? (allergies, asthma, sight, hearing, etc.) If yes, give brief details (or contact Principal)	Yes	No	
Any other details relevant to my child enrolling in Iniscealtra NS, that will help the school to ensure your child settles in well and gains maximum benefit from their education	Yes	No	

**Parental Consent**  
Please circle as appropriate

Do you give permission for your child to take part in the Stay Safe Programme?	Yes	No
Having read the Code of Discipline of Iniscealtra NS, do you agree to the terms therein?	Yes	No
During your child's time in Iniscealtra NS they will from time to time, take part in extra classes with our Resource and Learning Support team. These classes will take place during the school day and may be on an individual or group basis and will aid students if they experience difficulties and boost students who are achieving well. On occasion we administer 'Diagnostic' tests to discover the educational progress of the students. Should any concerns arise following these tests we will contact you. Do you agree to the above?	Yes	No
During your child's/children's time in Iniscealtra NS they will be brought on educational, sporting and recreational trips with the school. During these trips the school's Code of Discipline will apply.	Yes	No
Do you consent for the school to contact the emergency services for your child if needed?	Yes	No
Do you consent for newspapers to publish photographs that may include your child when they feature news from our school?	Yes	No

❖ **Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Acceptable Use Policy of Iniscealtra N.S.

- ❖ I agree to follow the school's Acceptable Use Policy on the use of the Internet. I will use the Internet in a responsible way and obey all the rules explained to me by the school.
- ❖ Student's Signature: \_\_\_\_\_
- ❖ Parent/Guardian : \_\_\_\_\_
- ❖ As the parent or legal guardian of the above student, I have read the Acceptable Use Policy and grant permission for my son or daughter or the child in my care to access the Internet. I understand that Internet access is intended for educational purposes. I also understand that every reasonable precaution has been taken by the school to provide for online safety but the school cannot be held responsible if students access unsuitable websites.
- ❖ The school has a social media presence, however, no facial images of children will appear on school accounts.
- ❖ In relation to the school website, I accept that, if the school considers it appropriate, my child's schoolwork or image may be chosen for inclusion on the website. I understand and accept the terms of the Acceptable Use Policy relating to publishing students' work on the school website.
  
- ❖ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Primary Online Database (POD) for the Department of Education and Skills (from March 2015)**

**Please circle as appropriate**

Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English?	Yes	No
---------------------------------------------------------------------------------------	-----	----

**What is your child's religion?**

(Categories are taken from the Census of Population)

**Please circle as appropriate**

Roman Catholic	Hindu	Apostolic or Pentecostal
Church of Ireland	(Greek, Coptic, Russian)	Atheist
Presbyterian (incl. Protestant)	Buddhist	Baptist
Methodist, Wesleyan	Jehovah's Witness	Agnostic
Jewish	Lutheran	No Consent
Muslim (Islamic)	Orthodox	

**To which ethnic or cultural background group does your child belong?**

(Categories are taken from the Census of Population)

**Please circle as appropriate**

White Irish	Black or Black Irish-Any other Black Background
Irish Traveller	Asian or Asian Irish-Chinese
Roma	Asian or Asian Irish- Any other Asian background
Any other White Background	Other (inc. mixed background)
Black or Black Irish-African	No Consent

As per Department regulations, I consent for information from this enrolment form to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.

**Parents' Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

