



Ahiohill National School,
 Ahiohill,
 Enniskeane,
 Co. Cork
 P47 VY31

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 Website: www.ahiohillns.ie
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ENROLMENT APPLICATION FORM

All forms must be completed in full (Block Capitals) and returned to the school, along with a Birth Certificate.

1. THE PUPIL

Pupil's Name (As on Birth Cert):			
Name used (if different):			
Address:			
Date of Birth:		Nationality:	
Language(s) spoken at home:		PPS Number:	
Proposed Date of Enrolment:		Proposed Class Level	
Name of Siblings:	1.	2.	
	3.	4.	
Doctor and Contact number:			
Previous school/Playschool:			
In the case of Catholic pupils, do you wish for your child to receive the sacraments of Reconciliation, Communion and Confirmation through the school? (tick one) Yes <input type="checkbox"/> No <input type="checkbox"/>			

2. PARENTAL DETAILS

Please note for logistical reasons, Parent 1 is the primary point of contact. Parents who wish to be dealt with separately must contact the school to make such arrangements.

	Parent 1	Parent 2
Name:		
Occupation:		
Nationality:		
Contact Numbers:		
Email:		
Pupil's legal Guardian:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mother's birth name		

3. EMERGENCY CONTACTS

In the event of the parent not being contactable	Emergency Contact 1	Emergency Contact 2
Name:		
Contact numbers:		
Relationship to pupil:		
Who will collect the pupil from school?		

4. HEALTH AND READINESS FOR LEARNING

Has the pupil any medical condition, serious allergy, needs medication - including an inhaler, during school or any other condition which will impact his/her learning? If 'yes' please specify.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child attended an Educational Psychologist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child attended an Occupational Therapist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child attended a Speech and Language Therapist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child attended an Assessment of Need service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any difficulty with hearing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any difficulty with speech?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any difficulty with vision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered 'yes' to any of these questions you must submit the relevant reports/information with this application. This allows the school to provide assistance or assess support where necessary.		

5. CONSENT QUESTIONS

Do you give your child permission to go on school trips under teacher supervision (nature walk, visit local sites, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you give permission for your child to be photographed for school purposes such as classroom displays, school website, school awards, newsletters, press/media?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you give permission for your child to be photographed for the school's social media page?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Sometimes the school is requested to pass on the names, addresses, PPS numbers etc. of children to the HSE for immunisation purposes/dentist, to other schools when pupils are transferring or to outside professionals during assessments – do you consent to this?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you give permission for the principal to discuss the needs of your son/daughter with the manager of the preschool/previous school attended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Screening tests are carried out on all children from Infants to 6 th Class. Do you give permission for your child to do these tests?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
During your child's time in Ahiohill N.S., it may be necessary from time to time for teachers to carry out diagnostic testing with your child on an individual basis in order to help him/her in their educational development. Do you give permission for any diagnostic tests to be carried out with your child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you give permission for your child to attend Learning Support/Resource if deemed necessary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6. DEPARTMENT OF EDUCATION PRIMARY ONLINE DATA BASE (P.O.D.)

Your child's details in section 1 will be transferred to the Department of Education and Skills Primary Online Data Base. Religion, ethnic and cultural back ground are considered sensitive personal data categories under the data protection legislation. Therefore, it is necessary for each pupil's parent/guardian to identify their child's religious and ethnic background and to consent/no consent to this data being transferred.

Is one of the pupil's mother tongues (language spoken at home) Irish or English?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
To which ethnic background does the pupil belong (as per census categories)? Tick one		
<input type="checkbox"/> White Irish <input type="checkbox"/> Roma <input type="checkbox"/> Black African <input type="checkbox"/> Chinese <input type="checkbox"/> Other (inc. mixed)		
<input type="checkbox"/> Irish Traveller <input type="checkbox"/> Any other white background <input type="checkbox"/> Any other black background <input type="checkbox"/> Any other Asian background <input type="checkbox"/> No consent		
What is the pupil's religion? Tick one		
<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Church of Ireland (including Protestant) <input type="checkbox"/> Presbyterian <input type="checkbox"/> Methodist		
<input type="checkbox"/> Wesleyan <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim (Islamic) <input type="checkbox"/> Orthodox (Greek, Coptic, Russian)		
<input type="checkbox"/> Apostolic/Pentecostal <input type="checkbox"/> Hindu <input type="checkbox"/> Jehovah's Witness <input type="checkbox"/> Lutheran <input type="checkbox"/> Atheist		
<input type="checkbox"/> Baptist <input type="checkbox"/> Agnostic <input type="checkbox"/> Other Religion <input type="checkbox"/> No Religion <input type="checkbox"/> No Consent		

7. CERTIFICATION

1. I am aware that Ahiohill National School is a denominational school under the patronage of the Bishop of Cork and Ross. I have read the Schedule of Key Characteristics of a Catholic School and understand these in relation to my child(ren) and respect the ethos of the school.

I will support the Board of Management (BOM) and the staff in their implementation of school policies (available on the school website).

2. I agree to support the work of the principal and staff in their efforts to provide a positive learning experience for all children in the school. I agree to keep myself informed of my child's learning progress through involvement with his /her homework and Parent/Teacher meetings.
3. I undertake that my child will be punctual for school and that I will supply written explanations of any absence from school in accordance with the rules governing Primary Schools.
4. The consent I give /withhold endures throughout enrolment. Changes must be in writing to the BOM.
5. The information I have given is correct and accurate.

Checklist:

I have completed all sections of this application	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have enclosed a copy of the child's birth certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have enclosed a baptismal cert (if engaging in the sacraments through school)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have enclosed any professional reports in relation to my child	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Parents'/Guardians' Signatures: _____

Date: _____

8. FOR OFFICE USE ONLY

Complete Application	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Siblings in school	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Birth Cert	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Baptismal Cert	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Professional Reports	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proposed date of enrolment		
Date received		
Name		

