



St. Michael's National School,  
 Patrick Street,  
 Trim,  
 Co. Meath.  
 Roll No. 05630L  
 Telephone: 0469431813  
 Email: scoilmhichil@gmail.com

### ENROLMENT FORM

Pupil's Details	
Pupil's Name:	
Date of Birth:	(Please attach Birth Certificate)
P.P.S. Number:	
Address:	
Eircode:	
Gender:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Place of Birth:	
Nationality:	
Religion:	

Details of Parent/Guardian		
	Parent/Guardian 1	Parent/Guardian 2
Name:		
Home Tel. No.		
Mobile No.		
E-mail Address		

Emergency Contacts		
	Contact Person 1	Contact Person 2
Name:		
Telephone No.		
Relationship to Child		

Details of Previous School	
Name:	
Address:	

Has your child ever been referred to an outside agency ( Psychologist, Speech & Language Therapist, Occupational Therapist, Psychiatrist, Counsellor or Social Worker)?

Yes  No

(If Yes, please give details and include copies of any relevant reports with this enrolment form)

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**Name and Address of Family Doctor:**

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**Details of Health:**

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**Allergies:**

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**Any other Useful Information:**

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**Information requested by the Department of Education and Skills for statistical purposes**

**Is one of the pupil's mother tongues (language spoken at home) English or Irish?**

Please tick: Yes  No

**To which ethnic or cultural background group does your child belong (Please tick one)?**

(Categories are taken from the Census of Population)

- |                                    |                          |                            |                          |
|------------------------------------|--------------------------|----------------------------|--------------------------|
| White Irish                        | <input type="checkbox"/> | Irish Traveller            | <input type="checkbox"/> |
| Roma                               | <input type="checkbox"/> | Any other white background | <input type="checkbox"/> |
| Black African                      | <input type="checkbox"/> | Any other black background | <input type="checkbox"/> |
| Chinese                            | <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> |
| Other (including mixed background) | <input type="checkbox"/> | No consent                 | <input type="checkbox"/> |

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

- |                   |                          |  |                          |
|-------------------|--------------------------|--|--------------------------|
| Roman Catholic    | <input type="checkbox"/> | Church of Ireland (Including Protestant) | <input type="checkbox"/> |
| Presbyterian      | <input type="checkbox"/> | Methodist, Wesleyan                      | <input type="checkbox"/> |
| Jewish            | <input type="checkbox"/> | Apostolic/Pentecostal                    | <input type="checkbox"/> |
| Orthodox          | <input type="checkbox"/> | Buddhist                                 | <input type="checkbox"/> |
| Hindu             | <input type="checkbox"/> | Lutheran                                 | <input type="checkbox"/> |
| Jehovah's Witness | <input type="checkbox"/> | Baptist                                  | <input type="checkbox"/> |
| Atheist           | <input type="checkbox"/> | Muslim(Islamic)                          | <input type="checkbox"/> |
| Agnostic          | <input type="checkbox"/> | Other religions                          | <input type="checkbox"/> |
| No religion       | <input type="checkbox"/> | No consent                               | <input type="checkbox"/> |

I give permission for information contained in this form, including my child's P.P.S. number, to be stored on the Primary Online Database(POD) and transferred to the Department of Education and Skills and any other schools my child may transfer to during the course of their time in primary school.

Parent/Guardian Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature : \_\_\_\_\_ Date: \_\_\_\_\_

## Consent Form



Please consent to the following permissions in respect of your child:

**Pupil's Name:** \_\_\_\_\_

Please Tick		Yes	No
1.	I give permission for school related photographs of my child and samples of work to be used on school website, school publications and displays. ( <i>Pupils will not be identified individually</i> )		
2.	I give permission for my child to leave the school with appropriate supervision for school outings, nature walks, library activities, church visits, sporting activities and choir competitions/events.		
3.	I agree to the releasing of my child's details and reports to the relevant support agencies. ( <i>On occasion, it may be necessary to refer your child to outside agencies i.e. psychological services, child psychiatry and/or other Health Board supports</i> )		
4.	I give permission for my child to receive any necessary support teaching from the Special Education Teacher.		
5.	I give permission for my child to access the services of a counsellor should a critical incident occur in the school or locality. I understand that I can withdraw my child from this service at any time by contacting the school.		
7.	I give permission for my child to receive basic First Aid (plaster/cold pack) in the event of a minor accident.		
8.	I give permission for an ambulance/doctor to be called for my child in the case of a medical emergency.		
9.	I give permission for my child to access the internet under teacher supervision and in line with our Acceptable Use Policy.		

**Parent/Guardian Signature :** \_\_\_\_\_

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

**Parent/Guardian Signature :** \_\_\_\_\_

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