



**Our Lady of Lourdes National School
Hospital Hill, Bunclody, Co. Wexford**

Phone 053 – 9377380 bunclodyns@gmail.com

www.bunclodyns.com School Roll Number: 03633H

Rev. Laurence O'Connor
Chairperson
Board of Management

Mr. James Roberts
Principal

Mr. John Byrne
Treasurer Board of Management

Enrolment Form 2018/2019

(Please complete all sections of this form. Write N/A where not applicable)

The information requested below is to inform the school authorities, the principal and the class teacher, in the interest and well being of the applicant pupil. It is important to be accurate and honest when completing it.

<p>Child's name in full <i>(as on birth certificate)</i> <i>This is the name that must be entered on the roll book.</i></p>	
<p>Name you wish your child to be called in school <i>e.g. shortened Christian name or surname that has changed</i></p>	
<p>Date of birth of child</p>	
<p>PPS Number</p>	
<p>Full postal address</p>	
<p>Home Telephone Numbers</p>	<p>Home: Mother's Mobile: Father's Mobile:</p>

<p>Work phone numbers or any mobile phone numbers you wish to make known to us. Please specify if these are for mother, father or both.</p>	
<p>Two other contact people. These may be a child minder, neighbour, grandparent, etc. Please give name and contact phone number for each. <i>You will be asked to update this information annually.</i></p>	1.
	2.
<p>Mother's name</p>	
<p>Email Address</p>	
<p>Father's name</p>	
<p>Email Address</p>	
<p>Older Brothers/Sisters enrolled in the school: (this will ensure that text messages are only sent once to a family)</p>	
<p>Previous schools attended (Montessori, Nursery School, Play School, Special School, Other National School etc)</p>	

<p>Details of marital breakdown and legal access (if applicable)</p> <p>include copies of court orders if necessary</p>	<p><i>Children have a right to be supported in their education by both parents. The school facilitates communication with all parents. In families with separated parents, it is particularly important to have considered whether both parents or one parent will have contact with the school. Please consider who will attend parent / teacher meetings, who will receive day to day notes and newsletters, who will sign permission slips, who will pay school bills. This will differ in every family. Please discuss this with the school and make your decisions clear in writing below.</i></p>
<p>Religion: (Please attach photocopy of Baptismal Cert. if Christian, if original is given to the school a copy will be made and the original returned to parents)</p>	
<p>Nationality:</p>	

<p>Does your child have any special educational needs or requirements? If so, please elaborate:</p> <p><i>It is essential that parents and guardians of children who have, or may have any special needs, inform the school at the earliest opportunity in order that the school can prepare adequately for the reception of the child. This disclosure is essential and will not, in any way, affect admission of the pupil.</i></p> <p><i>Please continue on another page if necessary.</i></p>	
<p>Does your child have any language difficulties? If so, please elaborate:</p> <p><i>English not first language? Speech disorder? Stammer? Pronunciation problems? Attending Speech & language therapist?</i></p> <p><i>Please continue on another page if necessary.</i></p>	
<p>Does your child suffer from any hearing or sight difficulties that you are aware of? If so, please elaborate:</p> <p><i>Please continue on another page if necessary.</i></p>	

<p>Does your child suffer from any medical conditions or allergies?</p> <p>Does your child have any special dietary needs? If so, please elaborate:</p> <p><i>Please continue on another page if necessary.</i></p>	
<p>Details of any medication presently taken by child <u>Please note the school takes no responsibility for administration of medication.</u></p>	
<p>Name, address and phone number of family doctor</p> <p><i>In cases where emergency medical attention is required an ambulance will be called.</i></p>	
<p>Do the teachers have permission to administer basic first aid and / or contact a doctor / dentist should your child have an accident / medical emergency while in school or on school related activities outside the school?</p> <p style="text-align: center;">Yes / No</p> <p style="text-align: center;"><i>Please circle</i></p>	
<p>Do you give permission for your child to go on local educational outings in the Bunclody area? e.g. to the library or another school within walking distance. Parents will be asked to give written permission for each outing outside Bunclody town as they arise.</p> <p style="text-align: center;">Yes / No</p> <p style="text-align: center;"><i>Please circle</i></p>	
<p>Do you give permission for Our Lady of Lourdes NS to share information about your child to other educational or health agencies/Primary Online Database? <i>E.g. Name, address, date of birth, class, telephone numbers and parents' names.</i></p> <p style="text-align: center;">Yes / No</p> <p style="text-align: center;"><i>Please circle</i></p>	

Do you give permission for **your child to be included in small group work with education support teachers**? This is not an indication that your child is struggling with learning. From time to time we are able to facilitate small group work on specific topics. If your child is struggling, you will be informed and your permission may be sought at that stage for individual learning support.

Yes / No

Please circle

Signed:

Mother of child: _____

Father of child: _____

Guardian of child: _____ (if applicable)

Date: _____

Please return this form to the school and include copies of:

- **Child's Birth Certificate** (compulsory)
- Baptismal Certificate (if applicable)
- Medical reports (if applicable)
- Educational reports (if applicable)
- Psychologist / psychiatric reports (if applicable)
- Therapist Reports e.g. Speech & Language (if applicable)
- Court orders (if applicable)

(A copy will be made and the original returned to you)