

# Enrolment Form 2024

## Gorthaganny National School

Email: [gorthaganny@hotmail.com](mailto:gorthaganny@hotmail.com)    [www.gorthagannyns.com](http://www.gorthagannyns.com)    Telephone : 0949649323

**Please fill all sections on this form.**

### **Section A (1)**

Birth surname: \_\_\_\_\_ Birth Forename: \_\_\_\_\_

PPS No: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: Male/Female

Nationality \_\_\_\_\_ Religion \_\_\_\_\_

Main Language spoken at home: \_\_\_\_\_ Siblings at school \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Eircode: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Email address: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone No \_\_\_\_\_

Email address: \_\_\_\_\_

**(Should any of the phone numbers or email address change please inform the school as soon as possible)**

Is your child living with (circle appropriate)      Both parents      One parent

If there is any relevant legal documentation we should have please give details and supply copy of e.g.

Guardianship, Barring orders, access etc. \_\_\_\_\_

### **Section A (2)**

We make every effort to ensure the safety of your child; we may need to contact you in the event of an accident or an unexpected closing.

- **WhatsApp**; Always ensure we have your correct mobile number. Should you change your number please inform the school immediately.
- **Alternative Contact numbers (not your own number).** Please let us know if this person is a relation, minder, family or friend etc.

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers \_\_\_\_\_

Should any of these numbers change please inform the school immediately.

### Section B

- Please supply a Copy of Birth Certificate as per Department of Education & Skills ruling.

**If a copy of the above document is not provided, your child cannot be enrolled and therefore cannot attend Gorthaganny NS.**

### Section C

Please fill out relevant, A or B

#### **Part A**

Pre-school attended	
Address	
Phone No.	

#### **Part B**

Previous school attended	
Address	
Phone No.	
<b><u>Has your child ever attended any of the following:</u></b>	
Medical Specialist <input type="checkbox"/>	Psychologist Therapist <input type="checkbox"/>
Speech <input type="checkbox"/>	Any Other <input type="checkbox"/>
If yes, are reports available?	Please circle Yes No
Has there been any major trauma in your child's life?	

Give details of any health conditions (e.g. asthma, eyesight, hearing, allergies, etc) or emotional problems which may affect your child at school:

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Family Doctor's Name _____ Phone No: _____		
Does your child suffer any medical condition?	Yes	No
Might this condition require administration of medication either on a regular or an emergency basis during school hours?	Yes	No
If <b>yes</b> please contact the B.O.M. of Gorthaganny National School before your child starts school in September so that procedures can be put in place to administer medication in compliance with the School Policy on Administration of Medicine.		

### **Section D**

<b>I hereby give permission for my child in relation to the following</b>	<b>Yes</b>	<b>No</b>
To take part in the R.S.E. recommended and vetted by the Department of Education & Skills. You will be informed in advance about this lesson.		
To attend the Learning Support teacher if deemed necessary. (You will be contacted in advance)		
To partake in 'Diagnostic' tests e.g. MIST, NRIT to discover the education progress of pupils. Should any concerns arise following these tests we will contact you.		
On occasion, pupils may be removed from the classroom to work with a support teacher. Do you agree to this practice?		
Can we use your child's name (not photograph) in relation to publicising school events and activities?		
Can we use your child's photograph (not name) in relation to publicising school events and activities?		
Can we publish photographs of your child on the school's website and school's Facebook page?		
To access the internet during supervised lessons on school devices and accept school rules on this matter as per our Internet Use Policy		
To your child's uniform being changed by a member of staff in the presence of another adult in case of illness or toilet accident?		
To go on school tours, local educational visits/field trips and participating in school activities (e.g. matches, quizzes, choir, serving at mass. etc.).		
To be taken immediately to a doctor or hospital in case of serious illness/accident (if we cannot contact you).		
To set up a profile for a pupil on an educational communication forum e.g. Seesaw, Google Education etc.		

I agree to abide by the school's Code of Discipline and any changes that may have to be made during the year by the Board of Management

The Code of Discipline, Internet Use Policy and Child Protection and Welfare Policy are available for viewing in the office and will be available in the near future on our school website Copies can be emailed upon request.

Parents/Guardians \_\_\_\_\_

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