



**St. Vincent's National School, Coolarne ,H65 PK03**

**APPLICATION FORM FOR ADMISSION OF NEW PUPILS 2026/27**

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's PPSN: \_\_\_\_\_ Nationality: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name & Maiden Name: \_\_\_\_\_

Name and class of Sibling(s) currently enrolled: \_\_\_\_\_

Parish in which the applicant resides: \_\_\_\_\_

Irish version of child's name: \_\_\_\_\_

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

Mum Telephone Number: \_\_\_\_\_ Mobile No. \_\_\_\_\_

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

Dad Telephone Number: \_\_\_\_\_ Mobile No. \_\_\_\_\_

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

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

Religious Denomination: \_\_\_\_\_

Date & place of Baptism: \_\_\_\_\_ If \_\_\_\_\_

not in this parish please provide copy of baptismal certificate with enrolment form.

Parents' Occupations: \_\_\_\_\_

Any previous school attended: \_\_\_\_\_

Name & Number of Family Doctor: \_\_\_\_\_

Arrangements to be made if your child is ill in school: \_\_\_\_\_

Does your child have any health issues or requirements that the school needs to be aware of?

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Do you consent to your child being taken straight to hospital in case of serious illness or accident? \_\_\_\_\_

Does your child suffer from asthma or any chest ailment? YES / NO

If yes please give details:

Do you think there are any issues with their hearing? YES / NO

If yes please give details:

Do you think there are any issues with their vision? YES / NO

Does your child wear glasses or contact lenses? YES / NO

If yes please give details:

Has your child any difficulty with speech? YES / NO

If yes please give details:

Has your child ever had fits or convulsions? YES / NO

If yes please give details:

Has your child had any serious illnesses or accidents? YES / NO

If yes please give details:

Has your child any long term medical issues the school should be aware of? YES / NO

If yes please give details:

Is your child undergoing any treatment for any condition? YES / NO

If yes please give details:

Have you any worries about your child? (Learning, behaviour, emotional, medical)

YES / NO

If yes please give details:

### **Other relevant information**

**Details of special needs:** It is important that the school is made aware of any special requirements in respect of children applying for enrolment (*Speech & language, hearing difficulty etc...*) This is essential to ensure that the school can arrange for relevant supports.

1. Has your child been assessed by an educational psychologist or other health care professional?  
\_\_\_\_\_
2. Are there any reports of such assessments currently available? \_\_\_\_\_

**Please nominate another person to be contacted in the event of an emergency, if parents are unavailable:**

Name: \_\_\_\_\_  
Home phone: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Mobile: \_\_\_\_\_

### **Enrolment consent**

I/We consent to my/our child's participation in the School's SPHE [Social, Personal & Health Education] program. I/We agree to abide by the school's code of behaviour and to co-operate with the management and staff in implementing school policy. I/We give permission for my/our child[ren] to participate in school activities and extracurricular activities e.g. Football & sporting competitions or activities; Swimming; School Tours or other outings; Quizzes; Confirmation & First Communion Retreats etc. which may arise during the course of the school year. I/We understand that I/we will be informed when such activities are taking place and I/we will inform the school if, for any reason, my/our child is unable to participate.

Signed: Parent/Guardian \_\_\_\_\_

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

Signed: Parent/Guardian \_\_\_\_\_

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



## St Vincent's National School, Coolarne

### Re. Child Protection and Welfare

Dear Parents/Guardians

The Department of Education and Science has introduced guidelines and Procedures for all schools in relation to Child Protection and Welfare. These guidelines promote the welfare of all children and are to be welcomed.

The Board of Management of St Vincents National School has adopted these guidelines as school policy. Consequently, if there is a matter of concern in relation to abuse of children we are obliged to report this to the local HSE Social Work Dept. They will assess the case and provide the necessary advice for the school and support for the child/family concerned.

The teaching staff has received training in the implementation of the Children First Guidelines and the Board of Management has appointed a Designated Liaison Person [Principal] and a Deputy Liaison Person [Deputy-Principal] who will have responsibility for liaising with staff and HSE personnel in regard to issues which may arise under the Guidelines. The complete Children First guidelines can be accessed at:

<http://www.hse.ie/eng/services/Publications/services/Children/cf2011.pdf>

Yours sincerely,

.....  
Róisín Reilly (Principal)

(Please sign and return the section below with your child's enrolment form.)



### Child Protection and Welfare Guidelines

I/We have read the letter regarding Child Protection and Welfare. I/We understand and accept its contents as an integral part of the school's enrolment policy.

Signed: ..... (Parent/Guardian)

..... (Parent/Guardian)

**Any other information relevant to your child's attendance at school**

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**Child's interests/strengths** \_\_\_\_\_

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**Other family** \_\_\_\_\_ **children** \_\_\_\_\_ **in** \_\_\_\_\_

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**Where family** \_\_\_\_\_ **the child** \_\_\_\_\_ **comes** \_\_\_\_\_ **in** \_\_\_\_\_ **the** \_\_\_\_\_

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**Please answer YES or NO to the following (please tick as appropriate):**

**Our child is allowed to take part in the relationships & Sexuality Education (RSE) Programme**

**YES :**                    **NO**                                       

▪ **Our child is allowed to take part in the Stay Safe Programme:**

**YES :**                    **NO**                                       

▪ **Our child is allowed to undertake Standardised testing:**

**YES :**                    **NO**                                       

▪ **Our child is allowed to avail of Screening/Diagnostic testing:**

**YES :**                    **NO**                                       

• **Our child is allowed to take part in trips outside school:**

**YES :**                    **NO**                                       

▪ **I give permission to have a photograph taken of my child for school related activities:**

**YES :**                    **NO**                                       

▪ **I give permission for Inclusion of our child's photographs in a local/national newspaper:**

YES :

NO

- Information on pupil (DOB, home address) may be shared with other agencies e.g H.S.E, who require it:

YES :

NO

- I agree that in the event of my child wetting/soiling him/herself, the parents or guardians will be contacted immediately. If they are unavailable, two members of school staff will provide appropriate duty of care.

YES :

NO

I give my child permission to use the internet under supervision.

I give permission to have my child's photo uploaded onto Facebook and school website

Child's Absence

If your child is absent from school for 20 days or more the school is obliged to notify the National Welfare Board (Education Welfare Act 2000)

Please make the school aware as early as possible of any family situation such as bereavement etc. that could impact on your child, so that we can be as supportive as possible.

- We have received and read a copy of the "Code of Behaviour" : YES : NO  
This will be in enrolment pack.

We will support & co-operate with the staff of the school: YES : NO

**NB:** Please ensure that a photocopy of the child's BIRTH CERTIFICATE and a photocopy of the BAPTISM CERTIFICATE (not necessary if baptised in Lackagh) are returned by post to school along with the Application Form, on or before Friday June 5<sup>th</sup> 2026.