

ST. JOSEPH'S NATIONAL SCHOOL, CONG

SCOIL NÁISUÍNTA NAOMH IOSEF, CUNGA

ROLL NO: 13686L



Student Enrolment Form

Personal Details:

Pupil's Name: _____

Birth Cert Name (if different from above): _____

Note: Your child's name will be registered under their Birth Certificate name.

Pupil's Address: _____

_____ Eir Code: _____

Date of Birth: _____ Nationality: _____ PPSN: _____

Country of Birth: _____ Gender: Male [] Female []

Mother's maiden name: _____

Is one of the pupil's mother tongues (i.e. Language spoken at home) Irish or English:

Yes [] No [] If no, what language is: _____

Religion: _____

094-9546725



principal@congns.ie



www.congns.ie



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Mother's Name: _____ Telephone No: _____

Email: _____

Father's Name: _____ Telephone No: _____

Email: _____

Nominated mobile number for text messages: _____


It is imperative that the school has the name of at least one other person to be contacted in emergencies. Parents/guardians should make the named persons aware of their role in this regard.


Contact Person (1): _____ Phone No: _____


Relationship to child: _____

Contact Person (2): _____ Phone No: _____

Relationship to child: _____

094-9546725 

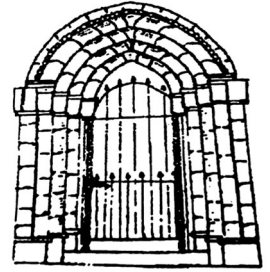
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Cong 1120
(1120)

Health Information

Allergies

Food _____
Medication _____
Other _____

Chronic Conditions

Asthma _____
Diabetes _____
Seizures _____
Other _____

Limitations

Mobility _____
Vision _____
Hearing _____

Developmental _____
Emotional _____
Other _____

Other health concerns _____

Medications


Medication _____
Dosage _____

Medication _____
Dosage _____


Healthcare Providers

Doctor _____
Address _____ Phone _____

Other health-related information not listed above

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Educational Details:


Pre-school attended:

Has your child had any speech and language difficulties? YES/NO If yes, please give details.


Has your child ever attended a Speech and Language Therapist? YES/NO If yes, please give details.

Has your child ever attended an Occupational Therapist? YES/NO If yes, please give details.

Has your child ever had a psychological assessment or Assessment of Need? YES/NO If yes, please give details.

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Consent:

Please complete all sections:	Yes	No
Do you give consent for your child to take part in school trips? E.g. Visit the church, village playground, football matches, educational walks and any other activities that arise.		
Do you give consent for your child's photograph to appear in school publications or in local/national media?		
Do you give consent for your child's photograph to appear on the school website? (Pupils' names will not be attached to photos)		
Do you give consent for your child to use the computers/devices in the school in line with our acceptable use policy?		
Do you give consent for your child's uniform to be changed by a teacher / SNA in the presence of another adult in the case of illness or a toilet accident?		
Do you give consent for your child to participate in the religion programme taught in Catholic schools (Grow in Love)?		
Do you give consent for your child to be brought to a doctor/hospital in case of a serious illness or accident?		

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Parent Agreement and Consent:

I, _____, wish to apply to the Board of Management to enrol _____ in Cong N.S. In doing so: I understand that this implies a full acceptance of the Code of Behaviour/Rules of the school as laid down by the Board of Management. I am aware of the school policies, including policies on Code of Behaviour, Anti-Bullying, Acceptable Use Policy, Healthy Eating etc. these are available on request from the office or from the school website www.congns.ie. I agree to support the Board of Management and staff in their implementation of school policies. I will provide copies of recent psychological or other professional assessments (e.g. Speech and Language report) relevant to my child's education to the school. I understand that the information given in the Personal Details section will be entered onto the Pupil Online Database (POD) as required by the Department of Education and Skills. As a partner in the education of my child, I recognise the need for me to do my utmost to support the work of the school. By signing below, I am giving explicit consent for Cong N.S. to confirm, retain, use and disclose the information as described above.

Signed: _____

(Parent/Guardian)

(Parent/Guardian)

Date: _____

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