

St. Macartan's N.S.

Sheil Avenue, Bundoran, Co. Donegal.

Tel: (071) 9841711.

Email: secretary@stmacartans.ie

Website: www.stmacartans.ie



Application to Enrol

(A copy of Birth Certificate **must** accompany this form)

Pupil Forenames : _____

(Exactly as on Birth Certificate)

Pupil Surname (s): _____

(Exactly as on Birth Certificate)

Pupil Name in Daily Use: _____

(If different from above, for example "PJ for Patrick-Joseph," "Vikki for Victoria")

Gender: Male Female

Date of Birth: _____ PPSN: _____

(Compulsory-required by Dept. of Education and Skills)

Address: _____

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

(Compulsory-required by Dept. of Education and Skills)

Nationality: _____ Main language spoken at home: _____

Parent Contact Phone numbers (Please include emergency contact if parent(s) unavailable):

Name	Number	Relationship to child

Was your child in a preschool/playschool or primary school before? Yes No

If "Yes" Name and address of the (Play)school: _____

Does your child have any Special Needs or Medical Conditions? Yes No

If "Yes" please provide the school with details on a separate page

Who is your child's GP? _____

I consent for my child to participate in:

- Stay Safe
- R.S.E.
- Events outside school premises (For example Nature Walks, School tours etc.)

The school needs the following information. Do you consent to share the following information with the Dept. of Education and Skills and for them to store it? Yes No

What religion is your child? _____

If Roman Catholic, where and when (approximately) was your child baptised?

To which ethnic or cultural background does your child belong (as per census)?

- White Irish Irish Traveller Roma Any other white Background
Black African Any other black background Chinese
Any other Asian Other (inc. mixed background)

By signing and submitting this form I/we agree:

- That if our child is accepted it will be in accordance with the school's Enrolment Policy. (You will receive confirmation within 21 days of the closing date or submission date, whichever is later)
- That if our child is seriously unwell or has had an accident and I/we are not contactable the school may bring my/our child for emergency treatment (Nurse, GP or hospital)
- To adhere to and support all current school policies and any future policies and/or amendments including the school's Code of Discipline.
- If my/our child comes from or goes to another primary school at any stage, both schools will share all relevant information.

Signed: _____
(Parent/Guardian)

Date: _____