



# Headford Primary School Enrolment Request Form



## Child

Name: (as per birth cert)	Surname: (as per birth cert)	Male	Female
Child's preferred Name:	Class Entering:	Enrolment Year:	
Address:	Nationality:		
Eircode:	First Language:		
Date of Birth:	Language(s) spoken at home:		
	PPS Number:		

## Parents

(Please place a tick beside the preferred contact to receive school correspondence)

Parent/Guardian 1 <input type="checkbox"/>	Parent/Guardian 2 Name: <input type="checkbox"/>
First Name:	First Name:
Surname:	Surname:
Address incl. Eircode: (if different from student)	Address incl. Eircode: (if different from student)
Nationality:	Nationality:
Language(s) spoken:	Language(s) spoken:
Relationship to Student:	Relationship to Student:
Phone (mobile):	Phone (mobile):
Work No:	Work No:
Occupation:	Occupation:
Email:	Email:

Mother's Maiden Name :

## Education

### Previous schools attended including preschool

Year	School	Address	Class	Reason for leaving

### Education Information

	Yes	No	Please Specify
Has your child been assessed by or on a waiting list for Educational Psychologist?			
Has your child been assessed by or on a waiting list for Speech Therapist?			
Has your child been assessed by or on a waiting list for Occupational Therapist?			
Has your child had or is awaiting an Assessment of Need or Early Intervention Services?			
Has your child ever attended any other services or agencies?			
Do you have any developmental/educational concerns about your child?			

### Additional Pupil Information

Number of children in family:	Placing of Child 1 <sup>st</sup> , 2 <sup>nd</sup> etc.):
Please inform the school if you are a legal guardian rather than a parent.	

### Medical


	Yes	No	Specify
Does your child suffer from any illness?			
Does your child suffer from any allergy?			
Is your child taking any medication?			

### Emergency Contact Numbers

Doctor's Name	Address	Phone Number
Please list at least <b>2 emergency contact names/ numbers</b> (other than parent/guardian that the school can contact in the event of an emergency).		
Name:	Contact Number:	Relationship to Student:
Name:	Contact Number:	Relationship to Student:

### Policy on Medical Assistance

**In the event of an accident / emergency occurring and the school being unable to contact any of the numbers above or overleaf, it is the policy of the school to seek medical attention for the injured party.**

<b>Agreement</b>		
I will abide by and support the school's policies		
I will abide by and support the school's Code of Behaviour		
I will abide by and support the school's Anti-bullying Policy/Bí Cineálta Policy		
I will abide by and support the school's Child Protection Guidelines		
I will abide by and support the school's Substance Abuse Policy		
I realise that policies can be updated from time to time including our Digital Technology policy and SPHE policy and guidelines.		
I agree to allow my child's photo to be used as part of school based activities which may appear on the school's website. (The school never displays a child's name with a photo)		
I consent to the use of the use of the Internet under teacher supervision and the use of approved educational apps/digital platforms by the school for my child's learning, in accordance with Headford Primary School acceptable usage policy.		
I give consent for the Special Education Teachers to carry our educational tests if there is a concern about my child's learning.		
I wish for my child to be instructed in the Catholic faith.		
I wish for my child to participate in school preparations for the Sacraments of Confession, First Holy Communion and Confirmation		

**Signature of Parent(s)**

**Mother:** \_\_\_\_\_ **Date:** / /

**Father:** \_\_\_\_\_ **Date:** / /

**Any information you give on this form will be treated with the strictest confidence and only used for the benefit of your child. Filling in this application form does not guarantee a place in our school.**

**Please Note:**

1. **Birth Certs and PPS must be supplied with the completed Enrolment Request Form.**

2. **Ethnic and cultural background can be a sensitive area. However the Department of Education and skills require that schools share this information with them on their Primary Online Database. Please tick as appropriate below to allow the school to share the information with the Department of Education.**

**To which ethnic or cultural background group does your child belong (please tick one)?**

(Categories are based on the Census of Population)

White Irish  Irish Traveller  Roma

Other White Background  Black or Black Irish - African

Black or Black Irish - Any other Black Background  Asian or Asian Irish/Chinese

Asian or Asian Irish - Any other Asian background

Other (inc. mixed background)  No consent

I consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other Primary School my child may transfer to during the course of their time in Primary School.

Signed \_\_\_\_\_

Parent/Guardian

Date \_\_\_\_\_



**Headford Primary School**  
**Church Road,**  
**Headford, Co. Galway. H91**  
**FD71**  
**093 35377**



[info@headfordns.ie](mailto:info@headfordns.ie)