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**St Michael’s NS**

**Donaghmoyne *Telephone: 042 9662284***

**Carrickmacross *Email: donaghmoynens@eircom.net***

**Co. Monaghan *Website:*** **stmichaelsns.ie**

***A81 EA37***

***Principal: Ms F Whelan***

***Vice Principal: Mrs R Campbell***

**ENROLMENT FORM**

**Name of Pupil: ………………………………………...........**

**P.P.S No: …………………………………..........................**

**Name in Irish (if known): ..................................................................**

**Date of Birth: ……………………………………….**

**Gender: …………………………………..**

**Nationality of Child: ………………………….......................**

**Nationality of Parents: ………………………………**

**Address: ……………………………………………........................................................................**

 **………………………………………………………………...........................................**

**Eircode:**

**Home Telephone Number: .…………………………………….**

**Former School (if applicable): …………………………………......................................................**

**Former Pre- School: …………………………………......................................................................**

**Class: ………………………………………….....................................**

**Father’s Name: …………………………………….....................................................**

**Address: …………………………………………………....................................................................................**

 **……………………………………....................................... (If different from pupil’s listed above)**

**Occupation: ……………………………………….**

**Phone: ............................................................**

**Work: .............................................................**

**Email address: .............................................................**

**Mothers Name: ………………………….........................................................**

**Address: ……………………………………........................................................................................................**

 **………………………………………............................... (If different from pupil’s listed above)**

**Occupation: ……………………………………….**

**Phone: ......................................**

**Work: …………….........................**

**Email address: .............................................................**

**If other members of family already attend St Michael’s NS please state:**

**NAME CLASS**

**………………………….......... ………………**

**…………………………........ ……………...**

**…………………………........ ……………...**

**………………………............ ……………...**

**…………………………........ ………………**

**Medical History**

**Please note any medical problems/ allergies that you are aware your child has and list any medication your child is currently taking.**

**Contact Numbers**

While 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.**

Please fill in the following:

**Pupil’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Names of Parents/ Legal Guardians:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Alternative Emergency Contact Details:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Should any of these numbers change while your child is attending this school please inform us immediately.**

In the event of an emergency, should we fail to contact you, do you give permission to the School to bring your child to hospital?

Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Parental / Guardian Permission Form**

|  |  |  |
| --- | --- | --- |
| **I hereby give permission for my child in relation to the following:** | **Yes** | **No** |
| Go on school tours, local educational visits/field trips and participate in school activities (e.g. matches, quizzes, choir) |  |  |
| On occasions such as Communion, Confirmation and other school events, local press photographers take group photos of children and in some instances identify the children by name. Do you agree to the school using your child’s image in this way? |  |  |
| Can we use your child’s name / image in relation to publicising school events and activities in our newsletter, website and facebook account? |  |  |
| Images of your child and his/her work may appear on our website / facebook account. Images may be of individuals or groups. Only your child’s first name will be used if at all. Do you agree to the school using your child’s image and first name in this way?  |  |  |
| The school teaches ‘Stay Safe’ lessons on personal safety & protection and RSE (relationships & sexual education) lessons on developing and changing. Both are recommended and vetted by the Department of Education and Skills. Can your child participate in these lessons?  |  |  |
| Do you give permission for your child to be taken immediately to a doctor or hospital in case of serious illness/accident? (In a non-emergency it is the school’s policy is to inform parents/guardians if their child has had an accident in school which may require them to collect their child and take him/her home or to hospital or doctor). In an emergency it may be necessary to take the child to hospital/doctor and inform parents/guardians afterwards. |  |  |
| Do you give permission for your child to make his/her First Holy Communion (2nd class) |  |  |
| Do you give permission for your child to make his/her Confirmation (6th class) |  |  |
| On occasion we administer ‘Diagnostic’ tests (e.g. Neale Analysis, MIST, Belfield Infant Screening, NRIT) to discover the educational progress of pupils. Should any concerns arise following these tests we will contact you. Do you agree to this? |  |  |
| Do you give permission for your child to use the school’s internet for educational purposes and accept that they must at all times abide by the schools acceptable use policy of the school? |  |  |

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

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX TO ENROLMENT POLICY**

St Michael’s N.S. is a Catholic school whose school plan is underpinned by its Catholic ethos. Our aim is to provide a safe, happy learning environment where children’s emotional, psychological, physical and moral development is catered for in addition to their academic progress. The school promotes and expects from its pupils, a tolerance of different religious beliefs, and of those with no religious beliefs.

1. **I wish my child to be instructed in the Catholic Faith:**

We/I understand that St Michael’s N.S. is a Catholic School and wish our/my child to be taught the Catholic faith;

 Yes 🞏 No 🞏

If Yes, please sign here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You need continue **no further**)

1. **Respect for the beliefs of others:**
2. We/I understand that there is no compulsion on our/my child to take part in the Religious Education classes in school
3. We/I understand that, given the lack of supervision resources in a school the size of St Michael’s N.S. it will not be possible for our/my child to be outside the classroom during these lessons.
4. While we/I do not wish our/my child to be taught the Catholic faith, we/I respect the rights of other children to do so and we/I will ensure that our/my children do or say nothing that would undermine or compromise this basic right to religious expression.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parents/Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acceptable Use Policy**

I have read St Michael’s N.S. **Acceptable Use Policy for Internet Usage** and agree

I will abide by the Policy.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Primary Online Database (POD)**

I give permission for my child’s details to be stored on the centralised Department Primary Online Database.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**PLEASE SUBMIT A COPY OF YOUR CHILD’S BAPTISMAL CERT WITH YOUR APPLICATION. THANK YOU.**