

**KILBRIDE NATIONAL SCHOOL**

**Kilbride,Trim, Co. Meath, C15 EK88. Telephone: 046 9431945. Email: officekilbridenstrim@gmail.com Website:** [**www.kilbridenstrim.ie**](http://www.kilbridenstrim.ie)

**Facebook: www.facebook.com/kilbridens**

**Admission Form**

|  |  |  |
| --- | --- | --- |
| Please complete in **BLOCK CAPITALS** |  | **CLASS:** |
| **Pupil’s Name:** |  | **Name in Irish:**  **(Optional)** |
| **Date of Birth :** |  | **Gender:** |
| **P.P.S. Number:** |  | **Country of Birth:** |
| **Address:** |  | **Nationality:**  **(If born outside the country, year of arrival in Ireland)** |
|  |  |  |
| **Eircode:** |  | **Languages spoken in the home:** |
| **Parent/Guardian Details** |  | **Parent/Guardian Details** |
| **First Name:** |  | **First Name:** |
| **Last Name:** |  | **Last Name:** |
| **Relationship to Child:** |  | **Relationship to Child:** |
| **Telephone No. (Home):** |  | **Telephone No. (Home):** |
| **Telephone No. (Work):** |  | **Telephone No. (Work):** |
| **Mobile No.** |  | **Mobile No.** |
| **Email Address:** |  | **Email Address:** |
| **Names of brothers/sisters in this school:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **It is school policy to pass on the above information excepting Religion and Ethnicity to the Department of Education & Skills.** | | |

|  |  |
| --- | --- |
| **Relevant Medical Information:** | |
| **Family Doctor:** | **Telephone No.** |
| **Are all vaccinations up to date:** | **Yes No** |
| **Any medical concern/information of relevance? (use a separate sheet, if required)** | |
| **Has your child any Special Educational Needs:**  **Details:** | |

|  |  |  |
| --- | --- | --- |
| **Are there any orders or other arrangements in place governing access to or custody of your child?**  **Yes No** | | |
| **The school may share Personal Pupil Data with other organisations such as H.S.E., Tusla, An Garda Síochána etc. where there is a legal basis for doing so under G.D.P.R.** | | |
| **Name of Previous School/Pre-school:** | | |
| **Address:** | | |
| **Principal’s Name: Telephone No.** | | |
| **Additional local contact names, to be contacted in emergencies (Not the same as above)** | | |
| **Name:** |  | **Telephone No.** |
| **Relationship to child:** |  |  |
| **Name:** |  | **Telephone No.** |
| **Relationship to child:** |  |  |
| **Name:** |  | **Telephone No.** |
| **Relationship to child:** |  |  |

|  |  |  |
| --- | --- | --- |
| **Please tick** | **Yes** | **No** |
| **Have you attached a Birth Certificate for your child?** |  |  |

|  |
| --- |
| **SCHOOL USE ONLY** |
| If the language spoken at home is **NOT** English, an Appointment with our S.E.N. (Special Educational Needs) teacher is required. |
| **Date of Appointment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Teacher :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



**Consent Form**

**KILBRIDE NATIONAL SCHOOL**

**Kilbride, Trim, Co. Meath, C15 EK88**

**We would like your permission for the following in relation to your child.**

***Please tick as appropriate and sign – Both parents/guardians, please sign below***

|  |  |  |
| --- | --- | --- |
| **Please tick** | **Yes** | **No** |
| **Activities Outside/After School**  During the school year, classes may undertake activities outside the school premises e.g., visiting the church, library, sporting activities etc. Going on school tours, local educational visits/field trips and participating in school activities (e.g., matches, quizzes, choir etc.) I consent that my child may do so. |  |  |
| **Digital Technology**  I give consent for my child to use the computers in the school in line with our Acceptable Use Policy. |  |  |
| **School Website/Publication**  I give consent for the use of school related photographic images which include my child on the school website, school Facebook page or in other school publications or displays. I understand that children will not be identified individually. |  |  |
| **Department of Education & Skills**  I give written parental consent to share Ethnic or Cultural background and Religion with the Department of Education & Skills. |  |  |
| **Medical Emergencies**  I give permission for my child to receive any medical attention deemed necessary and to be taken to hospital in case of serious illness or accident. |  |  |
| **Code of Behaviour**  I have received and read a copy of Kilbride National School’s Code of Behaviour and agree that my child and I will abide by it. |  |  |
| **School Policies**  I agree to familiarise myself with all school policies, agree to abide by them and agree to discuss them at an appropriate level with my child. |  |  |
| **Competitions**  I give consent to allow my child to enter school competitions and for their name and date of birth to be shared with organisers. |  |  |
| **I hereby give permission for my child in relation to the following:** |  |  |
| To take part in R.S.E. and Stay Safe Programmes. All are recommended by the Department of Education & Skills. You will be informed in advance about these lessons. |  |  |
| To attend the S.E.N. Teacher if deemed necessary (you will be contacted in advance). |  |  |
| To do formal and informal assessment tests. Should any concerns arise following these tests we will contact you. |  |  |
| To your child’s uniform being changed by one staff member in case of illness or toilet accident. |  |  |
| To your child’s care needs, including toileting, being supported by a SNA in accordance with circular 30/2014. |  |  |
| To receive text messages from the school e.g., reminders, updates etc. |  |  |
| To your child having a plaster applied. |  |  |
| To your child been taken immediately to a doctor or hospital in case of serious illness/accident (if we cannot contact you) |  |  |
| Where it is deemed appropriate and with parental consent, an appointment can be arranged with a psychologist from the National Educational Psychological Service (NEPS) who can offer advice and support. |  |  |
| Where it deemed appropriate and with the prior knowledge and consent of the parents and BOM, the teacher will discuss the child’s progress with a relevant third party (Speech and Language Therapist, Occupational Therapist, Clinical Psychologist) and fill in standard forms for the third party. |  |  |

|  |
| --- |
| **I/we wish to enrol my/our child in Kilbride National School.**  **I/we have received and read a copy of Kilbride National School Code of Behaviour.**  **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Both Parents/Guardians to sign** |



**Kilbride National School**

**Kilbride, Trim, Co. Meath, C15 EK88**

**Child Collection Consent Form**

For Health and Safety reasons, the staff of Kilbride National School must be informed of all persons who will be responsible for the collection of your child from the school premises.

Please fill in the following

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

Names of Parents : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give the following persons permission to collect my child from school.

1. Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note that your child will not be allowed to leave the school premises with any person other than those nominated above.**

|  |
| --- |
| **SCHOOL USE ONLY** |
| Admission Form Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |