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# ENROLMENT FORMS

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Shountrade National School

## Enrolment Application Form

Pupil's First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address (at which the applicant resides): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ EIRCODE: \_\_\_\_\_

Name and class of Sibling(s) currently enrolled: \_\_\_\_\_

Parish in which the applicant resides \_\_\_\_\_

### ***Parent(s)/Guardian(s) Details:***

Name: \_\_\_\_\_ [ ] Parent [ ] Custodian [ ] Legal Guardian

Address:

\_\_\_\_\_

\_\_\_\_\_

Home Tel. \_\_\_\_\_ Mobile \_\_\_\_\_ Email. \_\_\_\_\_

Name: \_\_\_\_\_ [ ] Parent [ ] Custodian [ ] Legal Guardian

Address:

\_\_\_\_\_

\_\_\_\_\_

Home Tel. \_\_\_\_\_ Mobile \_\_\_\_\_ Email. \_\_\_\_\_

Signature 1: \_\_\_\_\_ Signature 2: \_\_\_\_\_

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

Completed enrolment applications must be returned to **Shauntrade National School** no later than **March 20th**.

## **Letter of Offer**

Dear Parents/Guardians of \_\_\_\_\_,

Having received your Enrolment Registration Form we wish to inform you that your child \_\_\_\_\_ has been accepted for enrolment in Shountrade N.S. Adare, Co. Limerick.

Please complete the following:

- Enrolment Registration Form
- Consent Form
- Primary Online Database Form

**Note:** By completing the Enrolment Registration Form you are formally accepting the above position in Shauntrade National School.

Kind regards,

\_\_\_\_\_

Alan Kilcoyne  
Principal

## Enrolment Registration Form

Pupil's Name \_\_\_\_\_ Pupil's DOB \_\_\_\_\_  
Pupil's PPSN \_\_\_\_\_

Please attach copy of Birth Certificate

Baptised ☐ Yes ☐ No Copy Baptismal Form ☐ Yes ☐ No

Mother's Name	_____	Father's Name	_____
Mother's Mobile	_____	Father's Mobile	_____
Home Telephone	_____	Minder's Name	_____
Mother's Email Address	_____	Minder's No.	_____
Father's Email Address	_____	Doctor's Name and No.	_____

Younger Siblings Please fill **ONLY** if **YOUNGER**

Name	_____	DOB	_____
Name	_____	DOB	_____

If your child suffers from any problem which would militate against his/her education (poor hearing/sight/speech) please state:

Sign (Parent/ Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

## Consent Form

### **Consent (FOR QUESTION 1 & 2 PLEASE TICK ONE ONLY)**

1. If you are happy to have your child's school work and photograph/digital image taken as part of school activities and included/displayed in all such records both digital and hard copy tick here ☐
2. If you would prefer not to have your child's school work and photograph/digital taken as part of school activities and included/displayed in all such records both digital and hard copy tick here ☐

*Note: Parents/Guardians have the right to withdraw consent. If you choose to do so please inform Principal in writing.*

### **Consent**

3. If you are happy for your child to have supervised access to the internet, please tick here ☐
4. If you give permission for your child to go on school tours and excursions, please tick here ☐
5. If you wish your child to take part in the Stay Safe & RSE Programme, please tick here ☐
6. If you wish your child to take part in the Grow in Love (Religion), please tick here ☐
7. If you wish your child to receive First Penance and First Holy Communion, please tick here ☐
8. If you wish your child to make Confirmation, please tick here ☐
9. In the event of an emergency, should we fail to contact you, do you give permission to the school to deal with the situation? Please tick here ☐
10. If your child is on the Continuum of Support and you consent to group or individual withdrawal for support, please tick here ☐

I have read the School Prospectus and I confirm that my child will abide by the school rules as they have been presented.

Sign (Parent/ Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

# Shountrade National School

## Primary Online Database Information (POD) Form

Please complete the following (all fields must be completed) in **BLOCK CAPITALS**: \* Denotes a compulsory field

Today's Date \_\_\_\_\_

Child's Surname \* \_\_\_\_\_

Child's Forename \* \_\_\_\_\_

Gender \* \_\_\_\_\_

Birth Cert Forename (if different to above) \_\_\_\_\_

Birth Cert Surname (if different to above) \_\_\_\_\_

Date of Birth \* \_\_\_\_\_

PPSN \* \_\_\_\_\_

Mother's Maiden Name (Surname only) \_\_\_\_\_

Address and Eircode \_\_\_\_\_

Country \_\_\_\_\_

Nationality \* \_\_\_\_\_

Is one of the child's mother tongues  
(language spoken at home) Irish or English \_\_\_\_\_

Child's Ethnic or Cultural Background \_\_\_\_\_

Child's Religion \_\_\_\_\_

A full outline of all of the data requested, the reasons for collecting each piece of data, and how the data will be used, accessed, stored, shared and retained is given in the POD Fair Processing Notice available on the "POD" area of the Department's website **[www.education.ie](http://www.education.ie)**