

OOLA NATIONAL SCHOOL, OOLA, CO. LIMERICK,

Tel: 062 47906 Fax: 062 47906

Website: www.oolans.ie

ENROLMENT FORM

PUPIL's NAME:

ADDRESS:

DATE OF BIRTH: Please supply a **Birth and a Baptismal Certificate**

With returned enrolment form. (Certificates will be copied and returned to you.)

P.P.S. NO:

FATHER'S NAME: MOTHER'S NAME:

MAIDEN NAME:

OCCUPATION:..... OCCUPATION:.....

MOBILE NO: MOBILE NO:

CONTACT DETAILS:	<u>NAME</u>	<u>NUMBER</u>
(1)
(2)
(3)

MOBILE NUMBER AND NAME FOR TEXT-A-PARENT

DID CHILD ATTEND PRE-SCHOOL/PLAY SCHOOL? NO YES (Please give details below)

IN THE CASE OF A MEDICAL EMERGENCY:

DR. TEL:

ANY MEDICAL CONDITIONS THE SCHOOL SHOULD BE AWARE OF:.....

ANY CONCERNS YOU MAY HAVE ABOUT YOUR CHILD E.G SPEECH PROBLEMS ETC:

NUMBER OF CHILDREN IN THE FAMILY:

PLACE OF THIS PUPIL IN THE FAMILY:

PREVIOUS SCHOOL/S ATTENDED:

CLASS:

PRINCIPAL'S NAME:

LEARNING SUPPORT CONSENT

From time to time your child may need extra help from our learning support team.

*✓ I **give** permission for my child to attend learning support and for diagnostic testing as necessary.*

Signed: -----(Parents Signature)

*✗ I **do not** give permission for my child to attend learning support.*

Signed: -----(Parents Signature)

MEDICAL AID CONSENT

*✓ We the undersigned **give** our consent to the staff of Oola N.S to obtain professional medical aid for our child in the case of a medical emergency or serious injury.*

Signed:-----(Parents Signature)

*✗ We the undersigned **do not** give our consent to the staff of Oola N.S to obtain professional medical aid for our child in the case of a medical emergency or serious injury.*

Signed: -----(Parents Signature)

THE STAY SAFE PROGRAMME CONSENT

The Stay Safe Programme teaches children personal safety skills so they can look after themselves in situations which could be upsetting or dangerous. It deals initially with common situations which most children will experience at some stage or another, e.g. getting lost or being bullied. The programme also teaches children the safety skills necessary to protect themselves from physical or sexual abuse. Children will be taught to tell a trusted adult about any problems they may have.

*✓ I **do** want my child to take part in the Stay Safe Programme*

Signed: -----(Parents signature)

*✗ I **do not** want my child to take part in the Stay Safe Programme*

Signed: -----(Parents Signature)

SCHOOL WEBSITE CONSENT

In relation to the school website, the school may wish to include photographs of pupils working on projects etc from time to time. At no time will a child’s name or any other details accompany a photograph. (*Internet Acceptable Use Policy available for viewing at the school*).

*✓ I **give** permission for my child’s photograph to be published on the school website.*

Signed:-----(Parents signature)

*✗ I **do not give** permission for my child’s photograph to be published on the school website.*

Signed:-----(Parents signature)

SCHOOL TOURS / FIELD TRIPS / OUTINGS CONSENT

*✓ I **give** permission for my child to partake in field trips / outings and tours that may arise.*

Signed:-----(Parents signature)

x I do not give permission for my child to partake in field trips / outings and tours that may arise.

Signed:-----(Parents signature)