

St. Mary's National School  
Orilia Terrace  
Cobh,  
Co. Cork

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Roll No: 16377N



### **APPLICATION FOR ENROLMENT**

**Please return the completed form accompanied by your child's Original Birth Certificate and any relevant reports to the school, which will be copied and returned to you.**

Child's Name:	Date of Birth:
Home Address:	Name & address of GP:
Eircode:	Phone Number:
PPS Number:	Nationality:
Is English your child's first language? Yes <input type="checkbox"/> No <input type="checkbox"/> (if no please list language spoken at home).	Religion:
Siblings in the school: Yes <input type="checkbox"/> No <input type="checkbox"/> Name of sibling(s):	Child's Previous Primary School (if applicable)
Does any Legal Order under Family Law exist that the school should know about. Yes <input type="checkbox"/> No <input type="checkbox"/> (Please provide the school with a copy of the legal order).	Child's Pre-School (if applicable):

#### **General Information on Parent(s)/Guardian(s)**

Name of Parent/Guardian 1:  Mother's Birth Surname (if different):	Name of Parent/Guardian 2:
Address (if different from child's):	Address (if different from child's):
Mobile No:	Mobile No:
Email Address:	Email Address:

**Emergency Contact Details (other than Parents)**

Name of contact person 1:	Name of contact person 2:
Relationship to Child:	Relationship to Child:
Address:	Address:
Mobile No:	Mobile No:

In the event of an emergency, parents/guardians will be contacted by phone.  
If immediate contact is not made, the teacher will assume the right to authorise emergency treatment. Please tick ☐

**Has your child ever been referred to/attended the following services? If yes please give details of service along with copies of any reports or referrals received**

Speech and Language : Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupational Therapy : Yes <input type="checkbox"/> No <input type="checkbox"/>
Paediatric Services : Yes <input type="checkbox"/> No <input type="checkbox"/>
Other :
Please give details of any health condition e.g. Physical/Emotional/Behavioural /Allergies which may affect your child in school.

**Declaration:**

I/We being the Parent(s)/Guardian(s) of the applicant do hereby confirm that the above information is true and accurate and I/We consent to its use as described.

A full copy of the school's Code of Behaviour and Policies are available for viewing in reception and on the Schools Website. I and my child/children agree to abide by the school's code of Behaviour.

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

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

Religion, ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil's parent/guardian to identify their child's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills.

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**To which ethnic or cultural background group does your child belong? (please tick one)**  
*(Categories are taken from the Census of Population)*

White Irish	<input type="checkbox"/>	Any other White Background	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Any other Black Background	<input type="checkbox"/>		
Chinese	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>		
Roma	<input type="checkbox"/>	Other (inc. mixed background)	<input type="checkbox"/>	<b>NO CONSENT</b>	<input type="checkbox"/>

**What is your child's religion?**

Roman Catholic	<input type="checkbox"/>	Church of Ireland (incl. Anglican)	<input type="checkbox"/>	Presbyterian	<input type="checkbox"/>
Methodist, Wesleyan	<input type="checkbox"/>	Protestant	<input type="checkbox"/>	Baptist	<input type="checkbox"/>
Lutheran	<input type="checkbox"/>	Apostolic or Pentecostal	<input type="checkbox"/>	Evangelical	<input type="checkbox"/>
Orthodox (Greek, Coptic, Russian)	<input type="checkbox"/>	Christian Religion	<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Muslim (Islamic)	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Agnostic	<input type="checkbox"/>	Atheist	<input type="checkbox"/>
Other Religions	<input type="checkbox"/>	No Religion	<input type="checkbox"/>	<b>NO CONSENT</b>	<input type="checkbox"/>

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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 schools my child may transfer to during the course of their time in primary school.

Signed : \_\_\_\_\_ (Parent/Guardian 1)      Date : \_\_\_\_\_

Signed : \_\_\_\_\_ (Parent/Guardian 2)      Date : \_\_\_\_\_

**If Roman Catholic:**

**Date of Baptism if Catholic:** \_\_\_\_\_ **Place of Baptism:** \_\_\_\_\_

***(If not Baptised in Cobh please attach Baptismal Certificate)***



ST. MARY'S NATIONAL SCHOOL, COBH  
Consent Forms



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

The following forms once signed by a parent/guardian remain current for the duration of the child's primary school education unless withdrawn by parent/guardian

<b>Permission to provide a change of clothes:</b> My child may be given a change of clothes should the need arise.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>Permission for Outings and School Activities Outside of School Grounds</b> My child may participate in outings and activities outside school grounds.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>Accident and/or Emergency Consent Form</b> The staff of St. Mary's N.S. Cobh may act on my behalf in case of emergency or accident and may take such action as may be necessary for the benefit of my child.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>Permission to Be Photographed or Video Recorded</b> My child may be photographed or video recorded during school activities. (Photographs/videos may be used for displays in School, in local and national publications, on school social media and on school website.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>Permission to Participate in Food Tasting</b> My child may be given food samples to taste as part of a lesson activity. (It is the responsibility of parents to notify school of food allergies)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>Permission for Withdrawal from Class</b> My child may be withdrawn from class in a group or individually for learning or supplementary teaching support and assessment.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>Permission to Consult outside Agencies</b> The teaching staff and school authorities may consult with outside agencies, if required, on behalf of my child. <u>(Parents/Guardians will be notified.)</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Signed : \_\_\_\_\_ (Parent/Guardian 1) Date : \_\_\_\_\_

Signed : \_\_\_\_\_ (Parent/Guardian 2) Date : \_\_\_\_\_

