## St. Mary's Primary School, Rosscarbery, Co. Cork Tel: 023 8848023

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## **Additional Information for Enrolment**

Child's Details:			
Name:	PPS:		Nationality:
Address:			·
Child lives with (tick):	_	Child's Le	gal Guardian:
Both parents		Both parer	its $\square$
Mother		Mother	
Father		Father	
Other	☐ Please give details	Other	☐Please give details:
Please inform the Principal o	f any particular family circum	stance or arrange	ments applying to your child.
Parents Details:			
Mother's Name	Fa	ather's Name <u>:</u>	
Telephone Number		elephone Number	<b>::</b>
Mother's Maiden Name:		-	
Nationality:	N	ationality:	
Religion:	R	eligion:	
Occupation:	O	ccupation:	
Email Address:	E	mail Address:	
Medical			
Child's Doctor:	T	elephone No:	
	medical condition that the scho		
primary education system and and it allows schools to make evaluate educational policy.	e (POD) is a nationwide datab d on to post primary. The syste conline returns and provides t	em is employed b he department wi certain information	hool pupils as they move through the by the Department of Education and Skills the the information needed to develop and on to POD - details can be found on
	nect as a secure communication to this system unless the school	•	en school and home. Both parents mobile herwise.
Collection Arrangements: Name and contact details of t	hose who have permission to	collect my child:	
1	P	none No:	
2	P	none No:	
3	P	none No:	
4	P	none No:	

Education and Learning			
Name of Dreschools No. of years attendings			
Name of Preschool: No. of years attending: I give permission to the Principal to liaise with the pre-school to discuss my child'			
	Yes $\square$ N		
Please tick Yes or No		1	1
		Yes	No
Has your child been assessed by an Occupational Therapist?			
Has your child been assessed by a Speech and Language Therapist?			
Has your child been assessed by an Educational or Clinical Psychologist?			
Has your child been seen by a Physiotherapist?			
Has your child been seen by CAMHS?			
Has your child been seen by the Early Intervention Service?			
Has your child been seen by West Cork Child Development Services?			
Has your child been seen by any other agency not listed above?			
If you answer Yes to any of the above, please provide copies of reports or assessr	nents to th	ne school	
Parental/Guardian Consent			
I give permission for my child in relation to the following:		Zes .	No
Going on school tours, trips, educational walks/field trips and participating in sch	ool		
activities (e.g. quizzes, matches choir etc.)			
On occasions such as First Communion and other school events, local press photographers take group photos of children and sometimes identify them by nan	ne Do		
you agree to this? (Please remember that removing a child from a class/group pho			
can be quite upsetting for the child)			
Can we use your child's photo, name and work in relation to publicising school e			
and activities in newsletters, website, local media publications and social media (	_		
Facebook). Occasionally both your child's name and photo may appear together t	O		
showcase their achievements  Can we use your child's work and achievements on our website and social media			
platforms?			
We may need to withdraw individual or groups of pupils for extra support to anot room to work with a support teacher. Do you agree?	her		
Occasionally we administer diagnostic testing (e.g. Wiatt, NRIT, Yark, Mist Scho	onell)		
to track the educational progress of our pupils. If we have any concerns about the			
results of these tests, we will contact you. Do you agree?			
When your child leave our school, e.g. First Class boys to Ardagh Boys School a	nd		
Sixth Class girls to secondary school, information regarding your child may be	211		
required by the school they transfer to e.g. school reports, assessments etc. Do you agree?	Ju		
The Code of Discipline, Anti-Bullying Policy, Admissions Policy, Acceptable Protection Policy are all available to view on our website. By signing this form, have read the policies, accept and agree to be bound by them and encourage your them.	you are a	greeing t	hat you
Signature of Parent/Guardian 1: Date:			
Signature of Parent/Guardian 2:			