

St. Joseph's N.S. Rathdonnell,  
Trentagh, Letterkenny, Co. Donegal, F92 K403

074 91 37315

Website: rathdonnellns.weebly.com

Enrolment Application form:

Please complete this form in full

**Child's details:**

Child's Full Name (as on Birth Certificate)

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Nationality: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

PPS No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Eircode: \_\_\_\_\_

**Religion:**

Religion: \_\_\_\_\_

Baptised: Yes/No

Place of baptism (if applicable): \_\_\_\_\_

**Previous education:**

Has your child attended a pre-school: Yes/No

Previous primary school (if any): \_\_\_\_\_

Class your child is entering: \_\_\_\_\_

**Contact details:**

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

Occupation: \_\_\_\_\_ Contact No: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Maiden name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Contact No: \_\_\_\_\_

### **Medical History:**

Does your child suffer from any medical conditions which may affect your child attending school? **Yes/No**

If your child has been referred for professional help to a speech therapist, psychologist, social worker or any other specialist, please give details

Report Available: **Yes/No**

Family Doctor Details:

Name:

Contact No:

Any further information from the questions above or anything else we should know please write below:

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### **Permissions:**

I/We consent to the following:

1. I acknowledge that I have read and accept St. Joseph's N.S. Code of Behaviour. **Yes/No**

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2. For your child to be treated for minor accidents (e.g. cuts and grazes)?  
Yes/No
3. To a doctor being contacted and your child being taken to hospital in case of an emergency, if I/we cannot be contacted. Yes/No
4. I acknowledge that I have read and accept St. Joseph's N.S. Internet Acceptable Use Policy. Yes/No
5. To the inclusion of my child's photograph or video clip on the school website or for school events being reported on, in local or national newsletters and newspaper. Yes/No
6. To my child's uniform being changed by a staff member in the presence of another staff member in case of illness or a toilet accident. Yes/No
7. To the inclusion of my child in Liturgical celebrations and participation in the Catholic Religious Education Programme in keeping with St. Joseph's N.S Catholic ethos. Yes/No
8. For your child to take part in the Stay Safe and R.S.E. Programmes. Yes/No
9. To give permission for my child to go on school trips under teacher supervision (e.g. trips to the town park, school matches, swimming lessons, school tours etc.). Yes/No
10. To give necessary details to the HSE School Nurse, Doctor and Dentist.
11. To the inclusion of the information provided on this Enrolment Application Form on the Department of Education's Primary Online Database (POD).  
(For further information on POD please see the Department of Education's website at [www.education.ie](http://www.education.ie) )

Including the following:

To which ethnic or cultural background group does your child belong? (please tick one)  
(Categories based on the Census of Population)

- White Irish     Irish Traveller     Roma     Any other White Background
- Black or Black Irish - African     Black or Black Irish - Any other Black Background
- Asian or Asian Irish – Chinese     Asian or Asian Irish - Any other Asian background
- Other (inc. mixed background)     No consent

### What is your child's religion?

Roman Catholic	<input type="checkbox"/>	No Consent	<input type="checkbox"/>	No Religion	<input type="checkbox"/>
Muslim (Islamic)	<input type="checkbox"/>	Church of Ireland (Anglican)	<input type="checkbox"/>	Orthodox (Greek, Coptic, Russian)	<input type="checkbox"/>
Christian Religion (not further defined)	<input type="checkbox"/>	Apostolic or Pentecostal	<input type="checkbox"/>	Other Religions	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Presbyterian	<input type="checkbox"/>	Atheist	<input type="checkbox"/>
Baptist	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Protestant	<input type="checkbox"/>
Jehovah's Witness	<input type="checkbox"/>	Methodist, Wesleyan	<input type="checkbox"/>	Lutheran	<input type="checkbox"/>
Agnostic	<input type="checkbox"/>	Evangelical	<input type="checkbox"/>	Jewish	<input type="checkbox"/>

### Personal category data

Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English?

Yes  No  No Consent

### Please note the following:

- Places are allocated in accordance with St. Joseph's N.S. Admission Policy.
- Parental consent to St. Joseph's N.S. Code of Behaviour is necessary to validate this Enrolment Application Form.
- All school policies may be access on our school website at [rathdonnellns.weebly.com](http://rathdonnellns.weebly.com)
- The Stay Safe and the Relationships and Sexuality Education Programmes are part of the Social, Personal and Health Education (SPHE) Curriculum which primary schools are required to implement.

**Please attach a copy of your child's Birth Certificate and where applicable a Baptismal Certificate.**

Thank you for providing the information requested in this Enrolment Application Form. The information supplied will assist us in supporting your child if/when he/she is enrolled as a pupil in St. Joseph's N.S. The information will be treated as private and confidential.

Signed: \_\_\_\_\_ Parent/Guardian

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