



ENROLMENT FORM

*St. Louis Girls' National School,
Park Road, Monaghan. H18 HK31*

Tel: +353 47 81305/71768 Email: info@stlouisgns.com

Website:www.stlouisgns.ie

CHILD'S PERSONAL DETAILS (BLOCK CAPITALS PLEASE)

Name:	Surname:	Date of Birth:
Address:		
Eircode:		
Home Telephone Number:	PPS No:	Mother's maiden name:
Religion:	Received Baptism: Yes No (<i>please circle</i>)	
	Place of Baptism:	
Nationality:	Language spoken at home:	
Year of Arrival in Ireland (<i>If applicable</i>):	Year first attended school:	
Name of previous school:	Names of sisters in this school:	
Previous class attended:		

PARENT/GUARDIANS DETAILS

First Name:	Surname:	First Name:	Surname:
Relationship to child:		Relationship to child:	
Occupation:		Occupation:	
Mobile Phone No.:		Mobile Phone No.:	
Work Phone No.:		Work Phone No.:	

Are there any court orders or other arrangements in place governing access to or custody of your child? **Yes** **No** (*please circle*)

Mobile Phone No. for school text service:

Email address for school email service:

It is school policy to pass on the above information to the Department of Education and Skills.
Do you give permission for your child's Religion and Ethnicity to be shared with the Department of Education and Skill?
Yes **No** *(please circle)*

Please note the school may also share Personal Pupil Data with other organisations e.g. HSE, Tusla, An Garda Síochána, etc where there is a legal basis for doing so under GDPR.

MEDICAL DETAILS

Any medical conditions affecting pupil's lifestyle: **Yes** **No** *(please circle)*

If yes, please give details, e.g. allergies etc.:

Does your child wear glasses? **Yes** **No**
Does your child have hearing difficulties? **Yes** **No**

Doctor's Name: Doctor's Telephone No.:

Doctor's Address:

Name of Emergency Contact Person: Relationship of Emergency Contact Person to child:

Emergency Contact Person Telephone Number:

SPECIAL EDUCATIONAL NEEDS

Has your child received Support Teaching in her previous school?
Yes **No** *(please circle)*

Please Give Details:

Does your child have access to or receive support from any of the following services?

Speech & Language	Yes	No	Enable Ireland	Yes	No
Occupational Therapist	Yes	No	Psychologist	Yes	No
Other (please specify)					

Does your child have a report from any of these services? *(specify)*

CONSENT FORM - Please Read Carefully

Emergency Medical Assistance

I give consent that when the teaching staff in St. Louis Girls' National School are unable to make contact with me, or with a carer duly authorised by me to act on my behalf, they may seek medical assistance for my child in the event of an illness or accident, and I further authorise medical practitioners to administer necessary medical treatment.

Yes No (please circle)

Code of Behaviour

I am aware of the School's Code of Behaviour and Anti-Bullying Policy. I agree that my child will abide by the rules and guidelines outlined in both of these policies and I will fully support the school in their implementation.

Yes No (please circle)

School Photographs

I agree that photographs of school activities featuring my child may be publicised in school, at local events, in the print media and on the school website.

Yes No (please circle)

Outings and Events

I give permission for my daughter to take part in all organised and supervised school-related outings/activities and events on or outside the school premises during her time as a pupil in school.

Yes No (please circle)

School Screening/Reports

I agree to give permission for my child to participate in any standard school screening process in order to facilitate her learning during her time at this school i.e. Reading /Maths screening test.

Yes No (please circle)

I agree to give permission for the teaching staff of St. Louis GNS to have access to all reports from outside agencies and from previous schools.

Yes No (please circle)

Acceptable Use Policy – INTERNET USE

I give consent for my child to use the internet in the school in line with our Acceptable Use Policy.

Yes No (please circle)

Signature:

Signature:

Date:

I/we wish to enrol my/our child in St. Louis Girls' National School.

Signed:

Date:

Signed:

Date:

Both parents are to sign the enrolment form.

Please note that the policies mentioned above are available on the school website and all policies are available in hardcopy on request.

Office Use Only

Date Received: _____

Birth Cert: _____

Amount: _____