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Killyon,  
Hill of Down,  
Enfield,  
Co. Meath.

## Admissions Form

Name of child (as on birth cert.) .....

Date of birth: .....

Address at which child resides: .....

Country of birth: .....

Child's nationality: .....

Child's PPSN: .....

No. of Guardians 1 ☐ 2 ☐ (tick appropriate box)

Number of children in the family:..... Placing of child (1<sup>st</sup>, 2<sup>nd</sup> etc.):.....

### Guardian No. 1

Name: .....

Address: .....

e-mail: .....

Occupation: .....

Nationality:.....

Home Phone No. ....

Mobile No. ....

Child's Mother's Maiden Name: .....

### Guardian No. 2

Name: .....

Address: .....

e-mail: .....

Occupation: .....

Nationality:.....

Mobile No. ....

Childminder's No. ....

Child's cultural / ethnic background .....  
(e.g. white Irish / Chinese etc.)

(If any phone numbers change please inform the school should we need to make contact in case of illness or emergency)

**Copies of school report will be sent to both guardians if at different addresses**

Permission to contact previous school (if child has transferred from another school) for reports etc.  
Granted ☐ Not Granted ☐

Previous School / Play School .....

Other than the developmental checks with the Public Health Nurse please tick if your child has:

Attended speech therapy? Yes ☐ No ☐

Had a psychological assessment? Yes ☐ No ☐

A hearing assessment? Yes ☐ No ☐

Any allergies? Yes ☐ No ☐

Attended occupational therapy? Yes ☐ No ☐

**(If you have answered yes to any of the above questions please attach the relevant reports)**

Religious denomination:.....

Please tick here if you would like your child to receive the sacraments of Confession/ Communion and Confirmation while at St. Finian's N.S., Killyon ☐

**(If you have ticked this box please supply your child's baptismal certificate if baptised outside Longwood/ Killyon parish)**

**Family Doctor**

Doctor's Name \_\_\_\_\_ Telephone No: \_\_\_\_\_

Do your child/children have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school?

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Has your child received all age appropriate vaccinations? Yes ☐ No ☐

**It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies.** Do your child/children have an allergic reaction to medication or food?

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Is there any other relevant information about your child/children which we should know?

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### Medical Emergency/Accident

That in the event of an emergency or accident, a member of staff will use his/her discretion and phone for an emergency arises. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may contact emergency services if an emergency arises.

**Signed (Parent/Guardian)** \_\_\_\_\_

List of Children \_\_\_\_\_

Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine **please inform the school in writing.**

### Person/ People who usually collects child(ren)

_____	Phone _____
_____	Phone _____
_____	Phone _____
_____	Phone _____

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours. If there is any change in this regard or if there is any other information which you think may be relevant **it is very important that the school is informed immediately.**

**Other relevant information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### School Emergencies/Sickness/Unexpected Closures, etc.

The following information will be used by the school in the event of:

- Your child feeling sick
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils
- An unexpected closure of the school.

**If my child gets sick, or the school has to close unexpectedly, etc** and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.

**Person the school will contact:**

1 _____ _____ _____	2 _____ _____ _____
Tel/mobile: _____	Tel/mobile: _____

**Please sign your consent to the following:**

I consent to my child's uniform being changed by teacher in the presence of another adult in case of illness or toilet accidents

**Parents Signature:** \_\_\_\_\_

I consent to the use of our mobile number by the school for text-a-parent updates e.g. reminder about staff meetings or holidays etc.

**Parents Signature:** \_\_\_\_\_

I consent to the schools Data Protection procedures – The information in this form is necessary for the work of the school and is confidential to the school. The school has a data protection and record keeping policy that identifies how personal information held by the school is securely stored. In compliance with legislation the school may be asked to provide information to the Department of Education & Science, Child & Family Agency or to the HSE to facilitate their work. Please sign if you consent in this information being shared with the agencies listed above.

**Parents Signature:** \_\_\_\_\_

I consent to the sharing of pupil data on POD – We are currently engaging with the transfer of pupil data onto the Primary Online Database (POD). Part of the data asks for information on the child's cultural or ethnic background and religion. In order to do this we will need consent from parents. Please sign here if you consent for us to transfer this information.

**Parents Signature:** \_\_\_\_\_

I consent to my child's participation in the RSE Programme

**Parents Signature:** \_\_\_\_\_

I consent to my child's participation in the Stay Safe Programme

**Parents Signature:** \_\_\_\_\_

I consent to my child's participation in Screening Tests which are carried out in the school on all children from Infants to 6<sup>th</sup> Class.

**Parents Signature:** \_\_\_\_\_

I consent for teachers to carry out diagnostic tests on my child, if deemed necessary in order to help them in their educational development.

**Parents Signature:** \_\_\_\_\_

I consent for my child's photo to be used as part of the school's social media accounts.

**Parents Signature:** \_\_\_\_\_