**Office Use Only:** Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**S.N. An Bhriathair Dhiaga Divine Word National School,**

Gráinseach Mharlaí Marley Grange,

Átha Cliath 16. Dublin 16.

Teileafón: 01-4945955 Telephone: 01-4945955

Email: divinewordschool@gmail.com www.divinewordns.ie

Séan Mac Liam John Williams

Príomh-Oide Principal

**JUNIOR INFANT APPLICATION FORM – SCHOOL YEAR 2021 - 2022**

**\*CHILD’S NAME** ……………………………………………............................ Male Female

*(as on Birth Certificate)*

**\*Date of Birth: ……………………\*Child’s PPS Number: ……………… Age at school entry: Yrs.………/ Mths…..…**

**\*FULL POSTAL ADDDRESS: …..……………………………………………………………………………………………………**

**…………………………………………………………………………………………………………….…………………**

***(Note: This address will be used in all postal correspondence re your child)***

**\*Nationality: …………..…........ \*Country of Birth: ………………………………..**

**If not born in Ireland, date child arrived in Ireland**: …………………………

**\*Language spoken at home: ………………………………………………………..**

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

White IrishIrish TravellerRoma Any other White background

Black AfricanAny other Black background Chinese Any other Asian background

 Other including Mixed No Consent

**\*Religion:** ……………………………………………………

*The above information marked with \* is required by the Department of Education and Skills but requires your approval to be shared with them. This is in line with consultation sought by the Department from the Data Protection Commissioner.*

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|  |

**Has your child attended Playschool and/or Montessori? Yes No**

**Name of Playschool: ………………………………………………………….. Dates:………………………......**

**Name of Previous School** (ifany): ……………………………………………………………………………..

**Class in Previous School: ……………………………………………………………………………..**

**Full Postal address of Previous School:………………………………………………………………………………**

**……………………………………………………………………………………………………………………………….**

**Telephone No: ……………………………………….. Principal: …………………………………………………….**

*I give permission**to discuss the needs of my child with the Principal/Management of the pre-school/school listed above*

***Signature:***………………………………………………. ***Date:*** ………………………………………..

**Place in Family: ………………………………… Number of Children in Family: …………………………..**

**Siblings attending Divine Word NS: ……………………………………..……………………………………………………..**

**………………………………………………………………………………………………………………….**

**Parent 1/ Guardian 1** **Parent 2 / Guardian 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  |  | **Name** |  |
| **Mobile No.** |  |  | **Mobile No.** |  |
| **Email Address** |  |  | **Email Address** |  |
| **Alternative** **Contact No.** |  |  | **Alternative** **Contact No.** |  |

**Is Parent a Past Pupil? Yes / No**

**If Yes: - Parent 1/ Guardian 1 Parent 2/ Guardian 2**

**Years: …….......... Years: …………….**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Phone No.** | **Relation/Minder****/Family Friend etc.** |
| **1.** |  |  |  |
| **2** |  |  |  |

**Emergency /**

**Collection Contact Nos:**

Should any of these change while your child is attending Divine Word NS please inform us immediately

|  |
| --- |
|  |

**Has your child any allergies: Yes No**

**If YES please give details: ……………………………………………………………………………………………...**

**……………………………………………………………………………………………………………………………….**

**Any medical conditions the school needs to be aware of: …………………………………………………….**

**……………………………………………………………………………………………………………………………….**

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| **Parental Permission**Do you give permission to administer basic first aid if your child has an accident at school/games/school tour? If an accident is of a more serious nature, the school **Yes**  **No**will contact parent/guardian. Do you give permission for your child to be taken to a Doctor/Hospital in case of a **Yes**  **No**Serious accident/illness? |

The HSE asks us to supply information on pupils for dental treatment, eye tests,

hearing tests etc. Do you agree to this? **Yes** **No**

I/We wish my child(ren) to take part in the Social Personal Health Education curriculum

(including Relations and Sexuality Education and Stay Safe) as outlined by the **Yes No**

Department of Education and Skills.

I/We have read the Code of Behaviour available on the school website and agree to

make all efforts to encourage my child(ren) to comply with Divine Word School **Yes** **No**

Code of Behaviour *available on* [*www.divinewordns.ie*](http://www.divinewordns.ie)

I/We support ALL School Policies as outlined on the school website –

including the Enrolment, Anti Bullying, Healthy Eating, Computers **Yes** **No**

and Internet Acceptable Use Policies etc. *available on* [*www.divinewordns.ie*](http://www.divinewordns.ie)*.*

I/We give consent for my child’s photograph, voice, video and work to be used for all

school publications including all school blogs and websites and social media websites **Yes** **No**

including, Twitter/Seesaw associated with the school.

Sometimes journalists visit our school to take pictures of children (e.g. awards/prizes,

Sporting events, first day of school, Communion etc.) I give permission for my child **Yes** **No**

to be included in these. *(individual names may be included in the caption)*

I/We give my permission for my child’s religion and ethnic background to be transferred

to the Department of Education and Skills Pupil Data System (POD), see POD Fair **Yes** **No**

Processing Notice at [*www*.*divinewordns.ie*](http://www.divinewordns.ie)

**Educational / Diagnostic Tests**

During your child’s time in Divine Word NS, it may be necessary from time to time

for teachers to carry out diagnostic testing with your child on an individual basis

in order to help them in their educational development.

*I give permission for any diagnostic tests to be carried out with my child.* **Yes No**

I give permission to allow my child to attend additional support classes if deemed

necessary. You will be informed prior to their attendance. **Yes No**

**Liaising with Outside Agencies**

As part of school life, the **Health Service Executive** (HSE) and **TUSLA** may need your child’s

name, address, phone number and class**.** I give permission to the school to give my details

to the above authorities. . **Yes No**

|  |
| --- |
| **School Policies**  |

I have read and I am in agreement with the Code of Behaviour of Divine Word NS. **Yes** **No**

I agree to abide by and cooperate with the school’s policy on the school uniform. **Yes** **No**

I agree to abide by the Healthy Eating Policy. **Yes** **No**

I agree to abide by the Nut Product Ban. **Yes** **No**

**School Ethos**

I agree to cooperate with the staff and support the ethos of Divine Word NS. **Yes** **No**

**Stay Safe Programme/RSE Programme**

I give permission for my child to take part in Stay Safe / RSE programmes. **Yes** **No**

**School Tours / Field Trips**

I give permission for my child to participate in all School Tours (details of which will be

notified to you) and all short local trips, (church/ nature walks, etc.) usually within

walking distance of school. **Yes** **No**

**Contact Details**

I give permission for my phone number to be used for text a parent. **Yes** **No**

I agree to contact the school immediately if I change my address or telephone

details as these are essential for contact with Parents/Guardians and the **Yes** **No**

Text-A-Parent scheme.

**Absences**

I understand that the school must report to Túsla if a child is absent from school for

20 days or more and that if a child is absent for a prolonged period but less than 20 days **Yes** **No**

without explanation and the Parents/Guardians cannot be contacted the school

will inform the relevant authorities.

**Child Protection & Welfare**

I understand that should the school have reasonable cause for concern regarding my

child’s wellbeing/ safety or if my child discloses any form of abuse the school is bound

to inform the HSE. **Yes** **No**

**Any other useful information you would like the school to have regarding your child**:

……………………………………………………………………………………………………………………………………………...

……………………………………………………………………………………………………………………………………………...

……………………………………………………………………………………………………………………………………………...

I wish to enrol my child …………………………………………………………………….. (name)

I declare that the above information to be correct and understand that it will be treated as confidential.

**…………………………………………………… …………………………………………**

**Signature of Parent(s) / Guardian(s) Date**

**We thank you for taking the time to complete this enrolment form. Please do not hesitate to contact us should you have any queries regarding any of the above.**

**\*\*Please ensure that you have included a copy of the following documents avoid delay in processing of your child’s application.**

**Checklist**

**Original Birth/Adoption Certificate**

**2 Original Utility Bills**

***(In parent’s/ guardian’s name, dated in the previous 3 months***

***Mobile Phone Bills are NOT acceptable)***

**Stamped Address Envelope**