



Enrolment Form St. Ultan's Special School

Date of Enrolment: _____

Please note we will require a copy of your child's birth certificate & baptismal certificate with your application

Section 1: The Child

Pupil First Name: _____ Pupil Last Name: _____

Full Name on Birth Cert : _____

**(This is important as children must be registered and enrolled in school with the name on his/her birth certificate)*

Date of Birth: _____ Nationality: _____ PPSN _____

Religion: _____ Place of Baptism _____ (if applicable)

Mother's Birth Surname: _____

Child's Home Address: _____

County: _____

Eircode: _____

Previous school or playschool attended: _____

Ethnic or cultural background (please tick one only)

- | | |
|---|--------------------------|
| White Irish | <input type="checkbox"/> |
| Irish Traveller | <input type="checkbox"/> |
| Roma | <input type="checkbox"/> |
| Any other White Background | <input type="checkbox"/> |
| Black or Black Irish - African | <input type="checkbox"/> |
| Black or Black Irish - Any other Black Background | <input type="checkbox"/> |
| Asian or Asian Irish - Chinese | <input type="checkbox"/> |
| Asian or Asian Irish - Any other Asian Background | <input type="checkbox"/> |
| Other (inc. mixed background) | <input type="checkbox"/> |
| No consent | <input type="checkbox"/> |

Section 2: Parents/Guardians

Mother's /Guardian's Name: _____

Address: _____

Home Tel. No.: _____

Mobile No.: _____

Work No.: _____

Email: _____

Nationality: _____

Occupation: _____

Father's /Guardian's Name: _____

Address: _____

Home Tel. No.: _____

Mobile No.: _____

Work No.: _____

Email: _____

Nationality: _____

Occupation: _____

Section 3: Emergency Contacts

In the event that there is an emergency in school (e.g. your child is sick) and we are unable to contact either parent/guardian, please provide the name, address and telephone number of two other persons that we can contact.

Person the school will contact:

Name: _____ Name: _____

Phone No.: _____ Phone No.: _____

Relationship to Child: _____ Relationship to child: _____

Additional Contact Details (Please provide any additional contact numbers that may be important e.g. Social Worker, Carer etc.)

Name and Phone No. of Family Doctor:

Does your child have any health issues? Yes No

If yes please provide details. Use a separate sheet if you wish.

Does your child have any allergies? Yes No

If yes please provide details. Use a separate sheet if you wish.

Please refer to the Administration of Medication Policy in the Enrolment Booklet. Complete the relevant form attached if your child's health requires that medication is administered during school time.

Any additional information in relation to your child's health that you feel is important for the school to know. Use a separate sheet if you wish.

Medical Emergency/Accident

In the event of a medical emergency/accident every effort will be made to contact parents/guardians and nominated persons. In the event that we are unable to make contact with anybody do you give your permission to a member of staff to call an ambulance or bring your child to a doctor or hospital?

I authorise that at their discretion a member of staff may call an ambulance or bring my child to a doctor/hospital.

Signed (Parent/Guardian) _____

Section 5: Consent Forms

I/We confirm that I/we have read and understand the Anti Bullying Policy (page 17 Enrolment book) and Code of Behaviour (page 8 Enrolment booklet) of St. Ultan's School. I/We will undertake to support and co-operate with the Code of Behaviour (page 8 enrolment book) and explain the school rules to our child. This includes wearing the school uniform.

Parents/Guardians

Signed: _____ Signed: _____

Date: _____ Date: _____

INTERNET PERMISSION:

I have read the Internet Acceptable Use Policy (see Enrolment book – page 26) on the website and grant permission for my child to access the internet. I understand that school internet usage is for education purposes only and that every reasonable precaution will be taken by the school to provide for online safety. I accept my own responsibility for the education of my child on issues of Internet Responsibility and Safety. I understand that having adhered to all the enclosed precautions, the school cannot be held responsible if my child tries to access unsuitable material.

Signature: _____
Parents/Guardians

Signature: _____
Parents/Guardians

Date: _____

Date: _____

PHOTOGRAPHS OF STUDENTS:

The school maintains a database of photographs of school events held over the years. It has become customary to take photos of students engaged in activities and events in the interest of creating a pictorial as well as historical record of life at the school. Photographs may be published on our school website or in brochures, yearbooks, newsletter, local and national newspapers and similar school-related productions. In the case of website photographs, student names will not appear on the website as a caption to the picture. If you or your child wish to have his/her photograph removed from the school website, brochure, yearbooks etc. at any time, you should write to the school principal.

Consent:

If you are happy to have your child's photograph taken as part of school activities and included in all such records, tick here

Signature: _____
Parents/Guardians

Signature: _____
Parents/Guardians

Date: _____

Date: _____

STAY SAFE PROGRAMME (junior classes):

I understand that participation in the Stay Safe Programme is compulsory and accept my child's participation in the Stay Safe Programme.

Signature: _____
Parents / Guardians

Signature: _____
Parents / Guardians

Date: _____

RELATIONSHIPS & SEXUALITY EDUCATION PROGRAMME (RSE PROGRAMME) – junior & senior classes:

I/We accept my child's participation in the RSE Programme.

Signature: _____
Parents / Guardians

Signature: _____
Parents / Guardians

Date: _____

Data Protection

I/We consent for this information to be stored on the St. Ultan's online database, on the Aladdin School Management System, and on the Department of Education Primary Online Database (POD) and transferred to the Department of Education and Skills, and to any other schools which my child may transfer during the course of their time in the school.

Signature: _____
Parents / Guardians

Signature: _____
Parents / Guardians

Date: _____



Administration of Medication to Pupils

Request to Board of Management of St. Ultan's School

1. I / We, the parent(s) / guardian(s) of request the Board of Management of St. Ultan's School to allow a member of staff to give medication to my child
2. I enclose a letter from Dr. Stating:
 - (a) Why the medication is needed
 - (b) Name of medication
 - (c) Time the medication should be administered
 - (d) Dosage to be administered
3. Should there be any change in medication, I/we will write to the Board of Management before this change takes place to notify them of same
4. I /We understand that the school's insurers will be notified of this arrangement
5. I/We indemnify the Board of Management in respect of any liability that may arise regarding the administration of the medication

Signed:
Parent / Guardian

Signed:
Parent / Guardian

Date:.....

Date:.....

INDEMNITY Form

THIS INDEMNITY made on the ____ day of _____ 20__ BETWEEN

_____ lawful father and mother of

_____ of _____

(Hereinafter called "the parents") of the One Part **AND** for and on behalf of the Board of Management of

School situate at _____

in the County of _____ thereafter called "the Board" of the Other Part.

WHEREAS:

1. The parents are respectively the lawful father and mother of

_____ a pupil of the above school.

2. The pupil suffers on an on-going basis from the condition known as

PLEASE COMPLETE AS APPROPRIATE:

Administration of Medication in Emergency Situations

The pupil while attending said school, may require, in emergency circumstances, the administration of medication, viz

The parents have agreed that the said medication may, in emergency circumstances, be administered by the said pupil's Special Needs Assistant (SNA) and/or such other member of staff of the said school as may be designated from time to time by the Board.

Administration of Medication on a Regular Basis

The pupil while attending said school, may require, in emergency circumstances, the administration of medication, viz

The parents have agreed that the said medication may, in emergency circumstances, be administered by the said pupil's Special Needs Assistant (SNA) and/or such other member of staff of the said school as may be designated from time to time by the Board.

NOW IT IS HEREBY AGREED by and between the parties hereto as follows:

- a) In consideration of the Board entering into the Agreements with, the parents, as the lawful father and mother respectively of the said pupil
HEREBY AGREE to indemnify and keep indemnified the Board, its servants and agents including without prejudice to the generality the said pupil's class teacher and/or the Principal of the said school from and against all claims, both present and future, arising from the administration or failure to administer the said medicines.

IN WITNESS whereof the parties hereto have hereunto set their hands and affixed their seals the day and year first herein WRITTEN.

SIGNED AND SEALED by the parents in the presence of:

SIGNED AND SEALED by the said in the presence of: