



## Scoil Mhuire Na nGrás - Burriscarra Primary School

Tel. (094) 9360184

Email – office@carnaconns.ie

Roll number 05756k

Principal – James Rafter

### Enrolment Form 2024 - 2025

Name of Child \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home address \_\_\_\_\_

PPS number \_\_\_\_\_ Religion \_\_\_\_\_

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Work telephone no. \_\_\_\_\_ Mobile no. \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Work telephone no. \_\_\_\_\_ Mobile no. \_\_\_\_\_

Other children in family and ages \_\_\_\_\_

Playschool attended \_\_\_\_\_

Previous school/class \_\_\_\_\_

**(If transferring from another school)** Intended school class

\_\_\_\_\_

Birth Certificate - Copy attached:

Yes:

No:

**Contact Name/s & Tel. No's. In the case of an emergency:**

1. Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_

2. Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_

**Additional Supports:**

In order for the school to put in place the best resources for your child’s education from the start of the school year, we require the following information. This information will be treated with the utmost confidentiality.

Has your child ever had an assessment with:

- (a) A psychologist      Yes:       No:
- (b) A Speech and Language Therapist      Yes:       No:
- (c) An Occupational Therapist      Yes:       No:
- (d) Other – Please specify below      Yes:       No:

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***If you have ticked yes to any of the above please ensure you speak to the principal and attach or forward any records/reports from previous school.***

**Medical History:**

Does your child have a diagnosed medical condition? (Please include allergy information in this section if applicable)

Yes:       No:

If yes please specify: Name of medical condition: \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Doctor’s contact details: \_\_\_\_\_

Does your child require medication for this medical condition?      Yes:       No:

If yes please specify medication taken: \_\_\_\_\_

**I / We consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education & Skills and to other primary schools my child may transfer to during the course of their time in primary school.**

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

## Consent

- a) Assessment Tests are carried out in the school on all children from Infants to 6th Class. From time to time other assessments may be carried out as part of our commitment to school improvement.  
I give permission for any necessary assessment tests to be carried out with my child.
  
- b) During your child's time in Burriscarra 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 necessary diagnostic tests to be carried out with my child.
  
- c) I give permission to allow my child to attend a Special Education Teacher/EAL if deemed necessary and/or to engage in focused extension work in groups.
  
- d) I consent to my child going on and participating in general school outings, events and tours.
  
- e) I give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE, school nurse, doctor, dentist, Presbytery, Secondary Schools, sporting events and school related activities etc.
  
- f) I agree to co-operate with the school Board of Management regarding all school policies (available from our school office).

Signed: \_\_\_\_\_

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

# Burriscarra Primary School

## Photo/Image Consent Form

Please tick one of the following boxes:

I/We GRANT permission for a photo/image that includes this pupil in a group setting without his/ her name attached to be published on our school Facebook page.

I/We DO NOT GRANT permission for a photo/image that includes this pupil in a group setting without his/her name attached to be published on our school Facebook page.

Pupil's Name: (please print) \_\_\_\_\_

Pupil's class: \_\_\_\_\_

Print name of Parent/Guardian: (print)

\_\_\_\_\_

Signature of Parent/Guardian: (sign)

\_\_\_\_\_

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

## Burriscarra Primary School

### Emergency Closure

In the event of an emergency occurring, while the school is in operation, it may become necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils.

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Emergency Closure Form - to be retained by class teacher

Pupil's Name: \_\_\_\_\_

Please tick one of the following boxes:

1. *I agree that my child should return home independently.*

2. *I agree to my child been collected by a designated adult.*

Name of designated adult: \_\_\_\_\_ Tel. No: \_\_\_\_\_

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