



DOOLIN NATIONAL SCHOOL

DOOLIN, CO. CLARE
TELEPHONE & FAX: 065-7074403
ROLL NUMBER: 175171
EMAIL: doolinns.ias@eircom.net
WEBSITE: www.doolinns.com
PRINCIPAL: MS. MICHELLE MORONEY



23rd September 2016

Dear Parents/Guardians,

Re: Enrolment 2017~2018

Enclosed please find the following in respect of your child's enrolment to Doolin National School:

- Application for Admission of New Pupils
- Consents form
- Schedule

Please return Enrolment forms to the school on or before **Monday, 10th October 2016**.

Please note application for additional support needs to be applied for by the school. If this applies to your son/daughter please give details under the 'Other useful information' area of enrolment form.

If your child requires school transport please visit the school transport section of the Bus Eireann website www.buseireann.ie.

If you have any queries please do not hesitate to contact me.

Looking forward to meeting you in the near future.

Yours sincerely,

Michelle Moroney
Principal



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Application for Admission of New Pupils: Year: 2017-2018

*We will require a copy of both your child's Birth Certificate and Baptismal Certificate
(a Baptismal Certificate will not be needed if he/she was baptised in Doolin(Lisdoonvarna/Kilshanny) Parish)*

Child's Full Name: _____

Child's Date of Birth: _____ P.P.S No: _____

Father/Guardian's Name: _____

Mother/Guardian's Name: _____

Mother/Guardian's Maiden Surname: _____

Home Address: _____

Home Telephone Number: _____

Mother/Guardian's Mobile & Work No: _____

Father/Guardian's Mobile & Work No.: _____

Date & Place of Baptism: _____

Parents'/Guardians' Occupations: _____

Any Previous School Attended: _____ Class: _____

Arrangements to be made if the Child is ill in school: _____

Irish Version of Child's Name (Otherwise school will translate): _____

Does any Legal Order under Family Law exist that the School should know about: _____

Contact Person (if Parents/Guardians not available): _____

Contact Person's Phone/Mobile Numbers: _____

Name of Family Doctor: _____

Does your child have any medical conditions that the school should be aware of? Yes No

If yes please give details: _____

The H.S.E seeks information from the school regarding the children's names, date of birth etc. This information is gathered for the purpose of providing vaccinations and health checks. Do you give permission to the school to pass on this information? Yes No

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ANY OTHER USEFUL INFORMATION

For instance, list any problems the child may have in relation to health, (allergies, epilepsy, Asthma, sight, hearing, speech, fainting, etc.)

The School should be made aware of any court order which affects the child's welfare and also the name of any person into whose custody the child should not be given.

We will co-operate with the staff and support the ethos of the school:

SIGNED: _____ Parent DATE: _____

Text a parent

The school provides information and reminders of school related activities and events via text message. This is an effective way of communication, and has considerably reduced the amount of paper we use. We ask that you provide us with a mobile number so that you will receive the texts sent from the school.

Mother's name _____ Mobile phone _____
Father's name _____ Mobile phone _____

Please indicate to us which phone should receive the messages from the school: _____

Permission to go on out of school activities/trips

During the course of the year, classes normally undertake a variety of different activities outside the school premises e.g. visit the church, go on local nature trails, swimming classes etc. When we take the children on these outings we increase the level of supervision to meet the needs of the particular activity. We are seeking your consent for all these different out of school activities which may take place over the course of the school year.

Permission granted _____ Permission withheld _____

Permission to take part in class activities

During the course of the school year, classes will normally undertake a variety of different in class activities example Bells/Art etc. We are seeking your consent for all these different classes which will arise during the school year.

Permission Granted _____ Permission Withheld _____

Use of pupils' photographs

From time to time, we publish photos of students, either in the local newspaper or on the school website, engaged in school related activities. This is usually done to publicise various school activities (fundraising, sports days, Christmas performances etc.). We are seeking your permission to publish photos of your child, should the occasion arise.

Permission granted _____ Permission withheld _____

Volunteers

From time to time parents are invited into the school to help the teacher. We are seeking your permission to allow your child to take part in school activities, which are instructed by the teacher and assisted by a parental volunteer(s).

Permission granted _____ Permission withheld _____

I have expressed my wishes in all areas mentioned above, should anything change I will notify the school in writing when the situation arises.

Signed Parents /Guardians: _____ Date: _____

Schedule

Doolin National School is a Roman Catholic School (which is established in connection with the Minister) aims at promoting the full and harmonious development of all aspects of the person of the pupil: intellectual, physical, cultural, moral and spiritual, including a living relationship with God and with other people.

The school models and promotes a philosophy of life inspired by belief in God and in life, death and resurrection of Jesus Christ.

The Catholic School provides Religious education for the pupils in accordance with the doctrines, practices and tradition of the Roman Catholic Church and promotes the formation of the pupils in the Catholic Faith.