

## DOOLIN NATIONAL SCHOOL

DOOLIN, CO. CLARE
TELEPHONE & FAX: 065-7074403
ROLL NUMBER: 17517I

EMAIL: doolinns@gmail.com
WEBSITE: www.doolinns.com
PRINCIPAL: Ms. MICHELLE MORONEY



31st January 2022

Dear Parents/Guardians,

Re: Enrolment 2022~2023

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

- Application for Admission of New Pupils
- Schedule

Please return Enrolment forms to the school on or before Friday, 25<sup>th</sup> February 2022.

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 2022-2023

CHIL	DS INFORMATION
First Name:	Surname:
Irish Version of Childs Name (Otherw	vise school will translate):
Address:	Date of Birth:
	P.P.S:
	Male: □ Female: □
Nationality:	Religion:
PRESCHO	OOL/PREVIOUS SCHOOL
Has your child attended preschool/prev	
If yes state name and address of previo	
If transferring from another primary sel	had place optor child's surrent class:
	hool please enter child's current class:
PAREN	NTAL INFORMATION
Mothers Name:	Fathers Name:
Address (If different from above)	Address (If different from above)
	, , , , , , , , , , , , , , , , , , , ,
Mobile No:	Mobile No:
Home No:	Home No:
Work No:	Work No:
	w exist that the school should know about:
Toyt a Parent Doolin NS contacts pare	ents/guardians of our pupils at times by text message
·	
please include your preferred number t	for receiving text messages here:
Fmail address for correspondence	

### MEDICAL INFORMATION

Medic	cal conditions	we shoul	d know at	out: -	Please ti	ck			
1.	Speech		Hea	aring		Sight		or other	r
	difficulties								
2.	Medical Co	nditions:	Asthma Diabetes		Epilepsy Other		Heart co	nditions	
3.	<b>Allergies:</b> Details		Wasp Sting		Food		Other Al	_	
4.	Emotional F	Problems:		Detail	s:				
5.	Laterality:	Right Ha	nded		Lo	Left Handed: ☐ Mixed:□			
	Additional I above which If there are supply copy	n might be any medic of same:	e considere cal reports	ed to a	offect the attion to a	child's abi	lity to ben	efit from s	school.
	y doctor: gements to		if the chil				mber:		
Conta	nct in case of	f emeraer	ncv:						
	:	•	-		C	ontact nur	mber:		
		Н	EALTH SE	RVICE	S EXECU	TIVE (H.S	.E.)		
	.S.E. seeks in				•	_			
etc Th	nis informatio	n is gathe	ered for the	e purp	ose of pr	oviding va	ccinations	, dental an	nd health
check	s. Do you gi	ve permis	sion to the	schoo	ol to pass	on this in	formation	Yes □	No □
If the	re is any oth	er factor	or change	e, whic	h may at	ffect your	child whi	le in scho	ol,

please let us know as soon as possible.

#### SCHOOL PERMISSIONS

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						
<b>Use of pupils' photographs:</b> The school maintains a database of photographs of school events held over 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, 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 of the picture.  Permission granted  Permission withheld						
<b>Volunteers:</b> 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 $\Box$ Permission withheld $\Box$						
<b>Stay Safe Programme/RSE Programme:</b> I understand that participation in the Stay Safe Programme is compulsory and accept my child's participation in the Stay Safe/RSE Programmes.						
I have expressed my wishes in all areas mentioned above, should anything change I will notify the school in writing when the situation arises.						
GENERAL DATA PROTECTION REGULATION (G.D.P.R.)						
The school may share personal pupil data with other organisations such as HSE, Tusla, An Garda Síochána etc where there is a legal basis for doing so under GDPR						
THE FOLLOWING DOUCMENTS MUST ACCOMPANY THIS FORM						
Birth cert □  Baptismal Cert □ (if Roman Catholic and baptised outside Doolin/Lisdoonvarna/Kilshanny Parish)						
DECLARATION						
We wish to enrol my son/daughter as a pupil of Doolin National School. We will cooperate with the staff and support the ethos of the school:						
Signed: Date:						
(PARENTS/GUARDIANS)						

## 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.