



DOOLIN NATIONAL SCHOOL

DOOLIN, CO. CLARE
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PRINCIPAL: MS. MICHELLE MORONEY

APPLICATION FOR ADMISSION OF NEW PUPILS: YEAR 2024-2025

CHILDS INFORMATION

First Name: _____ Surname: _____

Irish Version of Childs Name (Otherwise school will translate): _____

Address: _____ Date of Birth: _____

P.P.S: _____

Eircode: _____ Male: ☐ Female: ☐

Nationality: _____ Religion: _____

PRESCHOOL/PREVIOUS SCHOOL

Has your child attended preschool/previous school: Yes: ☐ No: ☐

If yes state name and address of previous school/preschool: _____

If transferring from another primary school please enter child's current class: _____

PARENTAL INFORMATION

Mothers Name: _____

Address (If different from above) _____

Mobile No: _____

Home No: _____

Work No: _____

Fathers Name: _____

Address (If different from above) _____

Mobile No: _____

Home No: _____

Work No: _____

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

Text a Parent: Doolin NS contacts parents/guardians of our pupils at times by text message, please include your preferred number for receiving text messages here: _____

Email address for correspondence: _____

MEDICAL INFORMATION

Medical conditions we should know about: - Please tick

1. **Speech** ☐ **Hearing** ☐ **Sight** ☐ **or other difficulties** ☐

2. **Medical Conditions:** Asthma ☐ Epilepsy ☐ Heart conditions ☐
Diabetes ☐ Other ☐

3. **Allergies:** Wasp Stings ☐ Food ☐ Other Allergies ☐
Details _____

4. **Emotional Problems:** ☐ Details: _____

5. **Laterality:** Right Handed ☐ Left Handed: ☐ Mixed: ☐

6. **Additional Information:** Please give details and specify any condition not listed above which might be considered to affect the child's ability to benefit from school. If there are any medical reports in relation to any of the above, could you please supply copy of same:

7. **Has there been any major trauma in your child's life:** _____

Family doctor: _____ **Contact number:** _____

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

Contact in case of emergency:

Name: _____ **Contact number:** _____

HEALTH SERVICES EXECUTIVE (H.S.E.)

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, dental and health checks. Do you give permission to the school to pass on this information: **Yes** ☐ **No** ☐

If there is any other factor or change, which may affect your child while in school, 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 ☐

Use of pupils' photographs: 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 ☐

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 ☐

Stay Safe Programme/RSE Programme: 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.