



Convent of Mercy N.S.,
Bellurbet, Cavan, Co. Cavan.

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APPLICATION FORM FOR ADMISSION OF NEW PUPILS - YEAR 2024/2025

PLEASE FILL OUT USING BLOCK CAPITALS

PUPIL'S NAME:	PUPIL'S SURNAME:
PUPIL'S NATIONALITY:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH: (DD/MM/YYYY)	PUPIL'S PPS NO.:
MOTHER'S NAME:	FATHER'S NAME:
MOTHERS MAIDEN NAME:	
PUPIL'S ADDRESS: _____ _____	
EIRCODE: _____	
HOME PHONE NO.:	
MOTHERS MOBILE NO.:	FATHER'S MOBILE NO.:
MOTHERS WORK NO.:	FATHER'S WORK NO.:
EMAIL ADDRESS:	PARENTS NATIVE LANGUAGE
FAMILY DOCTOR:	DOCTOR'S TELEPHONE NO.:
CONTACT MOBILE NO. IF THE CHILD IS ILL IN SCHOOL/EMERGENCY CLOSURE _____	
1 ST CONTACT PERSON IF PARENT IS <u>NOT</u> AVAILABLE NAME _____ PHONE NO. _____	
PLEASE INDICATE WHICH NUMBER YOU SELECT FOR INCLUSION ON THE SCHOOL TEXT MESSAGING SERVICE. Please select <u>ONE</u> of the options below. MOTHERS MOBILE <input type="checkbox"/> FATHER'S MOBILE <input type="checkbox"/>	
PLEASE GIVE NAME OF PRE-SCHOOL ATTENDED? _____	
IF PUPIL HAS PREVIOUSLY ATTENDED A NATIONAL SCHOOL? PLEASE GIVE NAME, ADDRESS AND PHONE NUMBER OF SCHOOL. NAME: _____ ADDRESS: _____ CONTACT NO:- _____ LENGTH OF TIME ENROLLED THERE? _____	

HAVE YOU SUBMITTED YOUR CHILD'S BIRTH CERTIFICATE *(for school use only)* YES NO

PARENTS OCCUPATIONS: - _____

NO. OF CHILDREN IN FAMILY: BOYS _____ GIRLS _____ CHILD'S PLACE IN FAMILY _____

ANY OTHER INFORMATION WHICH YOU MAY CONSIDER HELPFUL (E.G. ALLERGIES, HEALTH, FAMILY ETC).

N.B :- PLEASE FILL IN INFORMATION IN THE BOX BELOW

RELIGIOUS DENOMINATION: _____ PLACE OF BAPTISM (if Baptised) _____

COUNTRY WHERE BORN/ETHNIC BACKGROUND: _____

IS THE CHILD'S 1ST LANGUAGE (I.E. LANGUAGE SPOKEN AT HOME) ENGLISH IRISH

OR OTHER . IF OTHER PLEASE SPECIFY _____

Consent for this information to be transferred to Department of Education & Skills YES NO

DOES ANY LEGAL ORDER UNDER FAMILY LAW EXIST THAT THE SCHOOL SHOULD KNOW ABOUT?

YES NO

IF YES, THE SCHOOL SHOULD

1) BE MADE AWARE OF ANY COURT ORDER, WHICH AFFECTS THE CHILD'S WELFARE,

2) BE GIVEN THE NAME OF ANY PERSON INTO WHOSE CUSTODY THE CHILD SHOULD **NOT** BE

RELEASED: _____

ANY OTHER INFORMATION REGARDING YOUR CHILD WHICH YOU THINK THE SCHOOL SHOULD KNOW ABOUT

(CAN ALSO BE COMMUNICATED VERBALLY TO CLASS TEACHER/PRINCIPAL IF YOU WISH)

HAS YOUR CHILD ATTENDED ANY OF THE FOLLOWING: (Please tick)

SPEECH & LANGUAGE THERAPIST YES NO

OCCUPATIONAL THERAPIST YES NO

PHYSIOTHERAPIST YES NO

Have you an Educational Assessment on your child? YES NO

HAS YOUR CHILD ANY OTHER DIFFICULTIES/PROBLEMS WHICH THE SCHOOL SHOULD BE AWARE OF? (Please Tick as appropriate) YES NO

IF YES GIVE DETAILS: _____

As part of the SPHE subject, the entire Stay Safe Programme will be taught to all children every 2nd year in this school. Parents/Guardians will be notified in advance of commencement of programme.

If in the future, it is felt that your child would benefit from diagnostic testing to ascertain if he/she requires learning support, we request your signature & consent below.

SIGNATURE: _____

YES NO

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

Signed:- _____ Parent/Guardian.

Date:- _____ 2024.

ALL INFORMATION PROVIDED IN THIS FORM WILL BE TREATED AS CONFIDENTIAL.

Please complete and return this form to the school by 12th February 2024.

CONSENT AND ADDITIONAL INFORMATION

ADMISSIONS 2024/2025

DATA PROTECTION

FROM TIME TO TIME THE SCHOOL IS ASKED TO PROVIDE INFORMATION TO THE H.S.E. TO FACILITATE THEIR WORK FOR IMMUNISATIONS, SGHT AND HEARING TESTS AND DENTAL APPOINTMENTS. TO SECONDARY SCHOOL WHEN CHILDREN ARE TRANSFERRING TO SECOND LEVEL AND TO SPORTING BODIES WHEN CHILDREN ARE TAKING PART IN GAMES OUTSIDE THE SCHOOL.

DO YOU ALLOW THE SCHOOL TO PASS ON THIS INFORMATION TO THESE THREE BODIES?

YES. NO PARENT(S) SIGNATURE: _____

DO YOU GIVE PERMISSION FOR YOUR CHILD TO FOLLOW THE SCHOOL'S ACCEPTABLE USE POLICY ON THE USE OF THE INTERNET? *THE INTERNET WILL ONLY BE USED FOR EDUCATIONAL PURPOSES UNDER SUPERVISION.* (Please Tick as appropriate) YES NO

DO YOU GIVE CONSENT FOR YOUR CHILD'S PHOTOGRAPH TO BE TAKEN DURING SCHOOL ACTIVITIES AND USED ON OUR WEBSITE, SCHOOL BLOG/SOCIAL MEDIA (SCHOOL FACEBOOK) AND/OR LOCAL NEWSPAPER (Please Tick as appropriate) YES NO

I/WE GIVE MY/OUR CONSENT TO MY/OUR CHILD/CHILDREN TO BE TAKEN OUT DURING THE SCHOOL YEAR ON ORGANISED AND SUPERVISED SCHOOL ACTIVITIES. EXAMPLES OF SUCH ACTIVITIES MAY INCLUDE VISITS TO CIVIC CENTRE AND LOCAL SCHOOLS, SCHOOL TOURS (EDUCATIONAL AND LEISURE), INFO ON THESE EVENTS WILL ALWAYS BE PROVIDED IN ADVANCE. (Please Tick as appropriate) YES NO

PLEASE NOTE:

- THE BOARD OF MANAGEMENT CANNOT BE HELD RESPONSIBLE FOR PICTURES/VIDEOS TAKEN BY PARENTS/VISITORS AT SCHOOL CELEBRATIONS, OUTINGS, CONCERTS ETC.**
- ON OCCASION YOUR CHILD WILL GO TO THE TOWN HALL/GENERAL OUTINGS ACCOMPANIED BY THEIR CLASS TEACHER/SNA FOR SCHOOL RELATED ACTIVITIES**
- I/WE CONFIRM THAT I/WE AM/ARE AWARE THAT THE DATA RELATING TO THIS APPLICATION WILL BE KEPT ON FILE IN THE SCHOOL.**

- **I/WE AM/ARE ALSO AWARE THAT THE DATA MAY BE DISCLOSED, AS APPROPRIATE TO: THE DEPARTMENT OF EDUCATION AND SKILLS (RELIGION & ETHNIC/CULTURAL BACKGROUND) AND THE HEALTH SERVICES**

IT IS THE SOLE RESPONSIBILITY OF PARENTS/GUARDIANS TO INFORM THE SCHOOL IN WRITING OF ANY CHANGES TO THE INFORMATION PROVIDED ON THIS FORM.

I/WE AGREE THAT THE PUPIL ENROLLED HEREWITH WILL BE SUBJECT TO THESE CODES AND POLICIES.

SIGNED:- _____ **DATE:-** _____
PARENT/GUARDIAN

SIGNED:- _____ **DATE:-** _____
PARENT/GUARDIAN

OFFICE USE ONLY

NUMBER: _____

DATE RECEIVED: _____