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**Cappoquin Primary School**

**Bunscoil Gleann Sidheáin**

**Cappoquin, Co. Waterford Principal: Mr. Martin Delaney**

**Tel:-** **058 54015 or 0831637142 Deputy Principal: Mr. James Casey**

**E Mail:-** **cappoquinschool@gmail.com**

**Web Site:-** [**www.cappoquinschool.com**](http://www.cappoquinschool.com)

**ENROLMENT/APPLICATION FORM 2025/2026**

|  |  |
| --- | --- |
| **Name of child (in full, as on Birth Certificate)** | **Address at which child resides****Eircode:** |
| **Child’s PPS Number (If not available please supply Mother’s Maiden name.)** | **Main Language spoken at home** |
| **Male or Female** | **Nationality** |
| **Country of Birth** | **If your child was not born in Ireland give date on** **which child arrived in Ireland.** |
| **Date of Birth** | **Names of brothers/sisters in the school** |

|  |  |
| --- | --- |
| **Name and Address of Previous School / Pre School Attended** | **Principal’s Name and Telephone Number** |
|  |  |

***Parent/Guardian Details***

|  |  |
| --- | --- |
| **Name of Parent/Guardian**  | **Name of Parent/Guardian** |
| **Nationality** | **Nationality** |
| **Address (if different from pupils)** | **Address (if different from pupils)** |
| **Phone Number** | **Phone Number** |
| **E Mail Address** | **E Mail Address** |

|  |  |
| --- | --- |
| **Guardian’s Name (if applicable)** | **Guardian’s Address** |
| **Relationship to Child** | **Telephone Number** |
| **E Mail address** |

|  |  |  |
| --- | --- | --- |
| Are Are there any orders or other arrangements in place governing access to or custody of your child  | **YES** | **NO** |

Please supply **ONE** mobile number that Text – a – Parent or Aladdin messages can be sent to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please state name(s) and address to which all school correspondence should be sent:*

|  |  |
| --- | --- |
| **Name**  | **Address** |
|  |  |

**SPECIAL EDUCATIONAL NEEDS**

If your child has Special Educational Needs that you are aware of please specify below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child has any **psychological assessments/written reports** relating to his/her development or special needs please provide said reports with this enrolment form, as this will enable the school to apply for appropriate resources and to allocate S.E.T. hours if appropriate.

Is your child availing of any of the following services:-

**Speech & Language Therapy** YES NO

**Occupational Therapy** YES NO

**Hearing Impairment**  YES NO

**Vision Impairment**  YES NO

If your child is availing of any services under the HSE, please give details below and forward any relevant reports.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELIGIOUS DENOMINATION**

 Roman Catholic Other:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Specify) None

**NB: If Catholic please send in a copy of Baptismal Certificate with Enrolment Form.**

**SCHOOL TRANSPORT**

Availing of School Transport YES NO

**School Emergencies / Sickness / Unexpected Closures etc.**

*The following information will be used by the school in the event of:*

* Your child feeling sick
* An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils.
* An unexpected closure of the school.

If your child gets sick, or the school has to close unexpectedly, etc. and there is no one at home or the school is unable to

contact you, please provide the name, telephone number and address of two other people you nominate for us to contact.

We will ask this person to come and collect your child.

Person the school will contact:- (Please supply name and phone number – not your own phone number)

1.Name & Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.Name & Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency, should we fail to contact you, do you give permission to the School to bring your child to doctor/hospital?

**Yes No**

Name of Family Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is the responsibility of parents/guardians to notify the school of any medical concerns or information of relevance e.g. allergies, use of Inhalers etc.

|  |
| --- |
| DETAILS |

Is there any other relevant information about your child which we should know? Please give details and specify any condition which might be considered to affect your child’s ability to benefit from school. If there are any medical reports in relation to your child, please provide us with a copy of same.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT FORM.**

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| --- | --- | --- | --- |
|  | **Please ✓** | **Yes** | **No** |
| **1** | Standardised Assessment Tests are carried out in the school in all classes. *I allow my child to do these tests.* |  |  |
| **2** | During your child’s time in Cappoquin Primary School, it may be necessary from time-to-time for teachers to carry out diagnostic testing with your childon an individual basis in order to help them in their educational development.  *I give my permission for any necessary diagnostic tests to be carried out.* |  |  |
| **3** | I give consent for the use of school related photographic images which include my child on the school website, local newspapers or in other school publications and displays. I understand that my child will not be identified individually. |  |  |
| **4** | In December 2021 the school set up a Facebook page and we are looking for a separate permission for this. I give consent for the use of school related photographic images of my child on the school Facebook page.  I understand that my child will not be identified individually.  |  |  |
| **5** | I give permission for my child to go on educational school trips under teacher supervision during the school day and on other incidental trips e.g. matches, sporting activities, visits to local library, local Church, local trails etc. |  |  |
| **6** | 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), etc. |  |  |
| **7** |  I undertake to support, co-operate and carry out Cappoquin Primary  School’s Policy and Code of Behaviour & Discipline in the interest  of and the welfare of the whole school community. My child will wear  the school uniform and on P.E. days will wear the school tracksuit. |  |  |

**DATA PROTECTION STATEMENT**

**Personal Data on this Form:**

Cappoquin Primary School is a data controller under the Data Protection Acts, 1988 & 2003 and complies with the G.D.P.R (General Data Protection Regulation) legislation of 2018. The personal data supplied on this Enrolment Form is required for the purposes of:

* Pupil enrolment
* Allocation of teachers and resources to the school
* Determining a student’s eligibility for additional learning supports
* School administration
* Child welfare (including medical welfare)
* And to fulfil our other legal obligations

**School Contacting You**

Please confirm if you are happy for us to contact you through the Aladdin app or by SMS/text message and to call you on the telephone numbers provided for the purposes of:

* Sports days
* Parent Teacher meeting
* School concerts / events
* To notify you of school closures (e.g. where there are adverse weather conditions)
* To notify you of your child’s non-attendance or late attendance or any other issues relating to your child’s conduct in school.
* To communicate with you in relation to your child’s social, emotional and educational progress and to contact you in the case of an emergency.
* General school notes from the principal or the secretary.

Tick box if “Yes” you agree with these uses

While the information provided will generally be treated as private to Cappoquin Primary School and will be collected and used in compliance with G.D.P.R. legislation, from time to time it may be necessary for us to transfer your personal data on a private basis to other bodies (including the Department of Education & Skills, the Health Service Executive, TUSLA, the National Educational Welfare Board (NEWB) or where the pupil is transferring to another school). We rely on parents/guardians to provide us with accurate and complete information and to update us in relation to any change in the information provided.

I consent to my child’s data being collected, processed and used in accordance with G.D.P.R. legislation during the course of their time as a pupil in this school

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| I/We wish to enrol my/our child: **Parent/Guardian Signature 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Parent/Guardian Signature 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***\**If this enrolment form is being signed by one parent only please read and sign the following:I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that both parents of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) are aware and consent to this enrolment to Cappoquin Primary School. |

**Any additional information that you may wish to give**:

|  |  |  |
| --- | --- | --- |
| **Please ✓** | **Yes** | **No** |
| Have you attached a Birth Certificate for your child |  |  |
| If applicable have you attached a Baptismal Certificate for your child |  |  |

**Please post/return completed enrolment form to:-**

**Mr. Martin Delaney– School Principal,**

**Cappoquin Primary School,**

**Cappoquin,**

**Co. Waterford.**

**By: Friday January 31st 2025**

**For Office Use Only**

**Date Form Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**