



Drumacrutin National School  
Dunraymond,  
Co. Monaghan.  
ENROLMENT FORM FOR SCHOOL YEAR 2024/2025



Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Child's PPS Number: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religious Denomination: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone No: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Contact email address \_\_\_\_\_

Alternative Contact name and Phone No.: \_\_\_\_\_

In the case of school closing due to lack of heating or if your child has to go home due to ill-health, what provision have you made for your child? \_\_\_\_\_

Number of children in your family: \_\_\_\_\_

What position is this child in the family: \_\_\_\_\_

Has this child attended playschool? \_\_\_\_\_

If yes, please give name and telephone number of playschool. \_\_\_\_\_

Name and contact details of your child's G.P. \_\_\_\_\_

Please tick if your child suffers from any of the following: -

Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_

Sight impairment \_\_\_\_\_ Hearing impairment \_\_\_\_\_

Speech Difficulty \_\_\_\_\_ Physical Impairment \_\_\_\_\_

Allergy \_\_\_\_\_ if yes, which in particular \_\_\_\_\_

Other \_\_\_\_\_

Please give details if any of the above apply: -

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

Is one of the pupil's mother tongues (ie. Language spoken at home) Irish or English?

Yes \_\_\_\_\_ No \_\_\_\_\_

Which of the following - : ALWAYS / OFTEN / SOMETIMES / RARELY / NEVER would best describe your child under the following headings -

Plays easily with other children: \_\_\_\_\_

Makes strange with adults: \_\_\_\_\_

Dresses himself / herself: \_\_\_\_\_

Can open / close lunchbox: \_\_\_\_\_

Can open / close schoolbag: \_\_\_\_\_

Enjoys looking at books: \_\_\_\_\_

Enjoys listening to stories: \_\_\_\_\_

Understands and carries out orders: \_\_\_\_\_

Puts shoes on the correct feet: \_\_\_\_\_

Can hang own coat up: \_\_\_\_\_

Goes to the toilet by himself/herself: \_\_\_\_\_

Does your child play with any of the following?

Blocks \_\_\_\_\_ Jigsaws \_\_\_\_\_ Lego \_\_\_\_\_

Has your child handled crayons? \_\_\_\_\_ pencil \_\_\_\_\_ paints \_\_\_\_\_ scissors \_\_\_\_\_

Does your child know the basic colours? \_\_\_\_\_

Is your child left-handed \_\_\_\_\_ right-handed \_\_\_\_\_ unsure \_\_\_\_\_

Does your child have any particular fears? \_\_\_\_\_

What is your child's favourite activity at home? \_\_\_\_\_

Is there any other information that you think might help the teacher?

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

In the event of an accident or injury to a pupil, a teacher should take such action as would be exercised by a careful and solicitous parent placed in similar circumstances. In taking on this role the teacher may need to give the pupils basic first aid or bring the pupil to the doctor or the hospital.

Do you give your consent to the administration of basic first aid should the circumstances arise?

yes: \_\_\_\_\_ no: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Do you give your consent to your child being brought to hospital should the circumstances arise?

yes: \_\_\_\_\_ no: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

In the event of a pupil being brought to hospital, parents will be notified immediately. Parents should proceed straight to the hospital to meet their child rather than to school.

Do you give your consent for photographs, audio & video clips of your child to be taken and used in school, in school related activities and on our school website?

yes: \_\_\_\_\_ no: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### SCHOOL PRACTICES & PROCEDURES

The school has a number of policies and procedures in place which are reviewed from time to time. I / We have been provided with copies of the School Handbook, School Code of Behaviour and Anti-Bullying Policy. By enrolling my/our child I/We agree to support the ethos of the school and support the school in the implementation of these policies and procedures.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

This enrolment form must be accompanied by an original birth certificate

Encl

Please also complete the attached Primary Online Database Consent Form.