

**ENROLLMENT FORM: Complete in block capitals**

**It is mandatory to sign all aspects of this form. The child is not deemed registered until the form is completed.**

Surname		Date of Birth	
		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
		Day / Month / Year	
First Name		Tick appropriate	
		Boy <input type="checkbox"/> Girl <input type="checkbox"/>	
Nationality of Child	Place of Birth	Tick appropriate	
		Day <input type="text"/> Boarder <input type="text"/>	
Religion		Proposed start date	
		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
		Month / Year	
Languages spoken			
<p><b>PARENT(S) GUARDIAN (S)</b></p> <p><b>Please note the word Parent and Guardian are used interchangeably.</b></p>			

1. \_\_\_\_\_

Relationship to child \_\_\_\_\_

Tel (home) \_\_\_\_\_  
Including international code

Mobile No \_\_\_\_\_

Tel (work) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation:

2. \_\_\_\_\_

Relationship to child \_\_\_\_\_

Tel (home) \_\_\_\_\_  
Including international code

Mobile No \_\_\_\_\_

Tel (work) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation:

**PARENT DECLARATION- Read and sign**

**I/We agree to pay fees in advance, by the 30<sup>th</sup> of each month prior to the beginning of each month.**

**It is further agreed that one full terms notice in writing or payment of a term's fees in lieu of such notice, is required prior to the removal of a pupil from the school.**

**The enclosed consolidation fee of €500 is refunded, less any outstanding sums at the end of a child's time at the school.**

<b>Signed Parent 1</b> I have read and understood the above declaration	<b>Signed Parent 2</b> I have read and understood the above declaration
<b>Name</b>	<b>Name</b>
<b>Date</b>	<b>Date</b>

Please indicate who is responsible for fees and invoice address if different from above.

Any previous connections with the or siblings attending.

### **IRISH BASED GUARDIANS FOR OVERSEAS CHILDREN**

We do not insist that families who live in Ireland or the EU have Irish-based guardians for their children while at the school. However, if parents/guardians are out of their country for work or holiday they must inform the and nominate someone that we can contact in their absence, if they are not contactable at their usual address/telephone number. If you are “out of contact”, you must nominate a guardian for the period of absence.

The role of the Guardian is to act on behalf of the parents when they cannot be present. A Guardian may be a close friend or relative. All overseas boarders require guardians to ensure that:

- They have somewhere in Ireland where they can stay if they are not returning home for holidays, or monthly breaks.
- There is someone they can stay with if they are unable to remain at school due to medical or disciplinary reasons.
- There is a contact in Ireland to whom they may refer in the event of an emergency.
- Parents/guardians are encouraged to attend sporting fixtures, theatrical performances, concerts, and other activities

1. \_\_\_\_\_

Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile No \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile No \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Separated and Divorced Parents**

- We cannot refuse permission to either parent to collect their child unless a court order is in place.
- We ask that parents give us information on any person that does not have legal access to the child.
- Where custody of a child is granted to one parent, we would ask you to clarify the circumstances with us. This information will remain confidential and will only be made known to the relevant staff. If there are any legal documents, i.e. custody order, barring order, we would ask that you provide a copy of this to us to keep on file.

**PARENT DECLARATION-Read and sign**

I/We the parent(s) of \_\_\_\_\_ declare that either parent(s)/guardian(s) as detailed above have my/our permission to collect my/our son/daughter from the premises.

I/We understand that while my/our child is in the company of their parent(s) or nominated guardian(s) off site, the school does not have responsibility for the welfare/care of my/our child and care is transferred to the parent or nominated guardian.

<b>Signed Parent 1</b> I have read and understood the above declaration	<b>Signed Parent 2</b> I have read and understood the above declaration
<b>Yes</b> , my contact information can be passed to other parents <input type="checkbox"/>	<b>Yes</b> , my contact information can be passed to other parents <input type="checkbox"/>
<b>No</b> , my contact details may not be passed onto other parents <input type="checkbox"/>	<b>No</b> , my contact details may not be passed onto other parents <input type="checkbox"/>
<b>Name</b>	<b>Name</b>
<b>Date</b>	<b>Date</b>

## OUTINGS

Outings are organized for boarders and pupils and all children are encouraged to participate. Destinations vary. All visits and outings are risk assessed prior to leaving the premises.

Children may go on overnight trips for sport/camp activities. They will always be accompanied by a responsible adult and will be supervised.

### PARENT DECLARATION- Read and Sign

I/We give permission for my/our child to go on local outings and walks. Yes ☐ No ☐

I/We acknowledge that a parent/guardian will be notified of any intended outings (other than local short trips) by email for further permission.

<b>Signed Parent 1</b> I have read and understood the above declaration	<b>Signed Parent 2</b> I have read and understood the above declaration
<b>Name</b>	<b>Name</b>
<b>Date</b>	<b>Date</b>

## PHOTOS, VIDEOS & SOCIAL MEDIA

Where photographs, videos or samples of children's work are to be displayed outside the school, we seek parental permission in advance on this form. Examples of this are newspaper reports, articles in educational publications or exhibitions of children's work.

We have a strict policy on taking photographs and all staff are instructed on the procedures and good practice in this regard.

NB Children's own permission will also be sought prior to taking photos or recording videos.

### PARENT DECLARATION –Read and sign

I/We give permission for my/our child:

To have their photo taken (by tablet, camera, phone) Yes ☐ No ☐

To be recorded on video Yes ☐ No ☐

To have their photo uploaded on to social media and website Yes ☐ No ☐

To have their photo appear on internal publications like newsletters, prospectus, noticeboards Yes ☐ No ☐

To have their photo appear in external publications such as magazines, newspapers. Yes ☐ No ☐

I /We give permission to use my/our children's names with photos Yes ☐ No ☐

☐ ☐

<b>Signed Parent 1</b> I have read and understood the above declaration	<b>Signed Parent 2</b> I have read and understood the above declaration
<b>Name</b>	<b>Name</b>
<b>Date</b>	<b>Date</b>

## **SPORTING ACTIVITIES**

Children are encouraged to take part in a range of sports and camp and water-sport activities.

Regular risk assessments are carried out for all sporting/camping/water-sport activities and we take the utmost care to ensure that children are coached and instructed appropriately and supervised while taking part in individual and team activities.

### **PARENT DECLARATION- Read and sign**

I/We hereby give my/our consent for\_\_\_\_\_ (name of child) to participate in interscholastic teams or extracurricular sporting/camping/ water-sport activities.

I/We are aware of the risks involved in taking part in the above.

I/We understand that the school cannot accept responsibility for personal items or uniforms lost, stolen, or damaged during activities.

I/We, hereby release the school and its board, directors, teachers and employees from all liability from property damage, personal injuries, or other claims arising from or in connection with my/our child's participation in extra-curricular activities or interscholastic sports at school.

I/We authorize the designated first aid person in attendance at any activity to give medical attention as may be necessary because of an injury or other incidents requiring emergency care at such an event.

<b>Signed Parent 1</b> I have read and understood the above declaration	<b>Signed Parent 2</b> I have read and understood the above declaration
<b>Name</b>	<b>Name</b>
<b>Date</b>	<b>Date</b>



## **OBSERVATIONS & REPORTS**

To ensure that professionals working with your child have all relevant information we will share observations, assessments and reports on a 'need to know' basis within the School. All data will be kept on file in line with our data protection policy. Assessments and reports may also be shared with other professionals working with your child e.g. Occupational Therapist, Speech Language Therapist, Educational Psychologist

### **PARENT DECLARATION-Read and sign**

I/We understand that assessments and reports are kept on file in line with the School's Data Protection policy.

<b>Signed Parent 1</b> I have read and understood the above declaration	<b>Signed Parent 2</b> I have read and understood the above declaration
<b>Name</b>	<b>Name</b>
<b>Date</b>	<b>Date</b>

## **CHILD PROTECTION**

We have a moral and legal obligation to ensure that all children in our care are protected, and their health and welfare are safeguarded when attending the School. All staff and contractors are Garda vetted. We act to protect children from any harm, which may arise. It is our duty of care in this case to question the cause of any behavior, bumps, bruises or unusual markings. We have a responsibility to identify, report and record any suspicions of child abuse to Tusla, the Child and Family Agency. We have a responsibility to respond to all child protection concerns.

We have Three Designated Child Protection Liaison Persons, Mr. Craig Martin, Mr. Quentin Weaver and Mr. Carlson Funk.

To protect children, we have several policies in place including a Disciplinary Policy, a Bullying Policy and an Internet & Mobile Phone Use Policy.

## **PARENT DECLARATION- Read and sign**

### **DISCIPLINE**

I/We acknowledge that the School has a discipline policy in place to support children's behavior and that corporal punishment is never used.

### **INTERNET ACCESS**

I/We acknowledge that the responsibility for internet safety in the depends on staff, parents, carers and visitors taking responsibility for the use of Internet and other communication technologies such as mobile phones.

Use of the internet by staff is in accordance with our Child Protection Policy.

We have an Acceptable Use policy

<b>Signed Parent 1</b> I have read and understood the above declaration	<b>Signed Parent 2</b> I have read and understood the above declaration
<b>Name</b>	<b>Name</b>
<b>Date</b>	<b>Date</b>
<b>PAYMENT OF FEES</b> fees are payable in advance by the 30 <sup>th</sup> of each month.	
<b>Bank Details</b>	
	Account No:
	Sort Code:
	Swift (BIC):
	IBAN:

**MEDICAL DETAILS**  
**Complete in Block capitals**

First Name		Country of Birth	
Surname		<div style="display: flex; justify-content: space-around; align-items: center;"> <div><input type="text"/> <input type="text"/></div> <div>/</div> <div><input type="text"/> <input type="text"/></div> <div>/</div> <div><input type="text"/> <input type="text"/></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Day</span> <span>Month</span> <span>Year</span> </div>	
First Names - underline name by which known at home		Tick appropriate Boy <input type="checkbox"/> Girl <input type="checkbox"/>	
Place of Birth			
<b>PARENT(S)</b>			
<p>1. _____</p> <p>Relationship to child _____</p> <p>Tel (home) _____</p> <p style="text-align: center; font-size: small;">Including international code</p> <p>Mobile No _____</p> <p>Tel (work) _____</p> <p>Email _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Occupation:</p> <p> </p> <p> </p> <p> </p> <p> </p>			

## MEDICAL HISTORY

2. \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Tel (home) \_\_\_\_\_  
Including international code

Mobile No \_\_\_\_\_

Tel (work) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation:

Has he/she had any of the following illnesses? If so give approximate dates

<input type="checkbox"/>	_____	Measles	<input type="checkbox"/>	_____	Chicken Pox	<input type="checkbox"/>	_____
Whooping Cough	<input type="checkbox"/>	_____	Rheumatic Fever	<input type="checkbox"/>	_____		

Additional Needs (outline if your child has any additional needs/care)

Does your child have any of the following?

Asthma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Hay Fever	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bone or Joint Disease	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Eczema	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fits or convulsions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Discharging ears	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Deafness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Frequent sore throats	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Nasal Obstruction	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Psychological Problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

## IMMUNIZATIONS

We ask Parents to supply details of all vaccinations the child has received

Copy of vaccination record attached? Yes ☐ No ☐

I confirm that my child has been immunized on the dates below

**6 in 1 (All)** Diphtheria, Hepatitis B, Hib (Haemophilus Influenzae b) Pertussis (Whooping Cough) Polio and Tetanus.

Pneumococcal Conjugate Vaccine(PCV)	Yes <input type="checkbox"/> Date	No <input type="checkbox"/>
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4 in 1 Diphtheria, Pertussis (Whooping Cough), Polio and Tetanus.	Yes <input type="checkbox"/> Date	No <input type="checkbox"/>
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Meningococcal C (Men C)	Yes <input type="checkbox"/> Date	No <input type="checkbox"/>
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Mumps / Measles / Rubella(MMR)	Yes <input type="checkbox"/> Date	No <input type="checkbox"/>
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Tuberculosis (B.C.G.)	Yes <input type="checkbox"/> Date	No <input type="checkbox"/>
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Haemophilus Influenza B (HIB)	Yes <input type="checkbox"/> Date	No <input type="checkbox"/>
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Oral Polio	Yes <input type="checkbox"/> Date	No <input type="checkbox"/>
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Meningitis C	Yes <input type="checkbox"/> Date	No <input type="checkbox"/>
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Typhoid	Yes <input type="checkbox"/> Date	No <input type="checkbox"/>
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Cholera	Yes <input type="checkbox"/> Date	No <input type="checkbox"/>
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Yellow Fever	Yes <input type="checkbox"/> Date	No <input type="checkbox"/>
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Any other vaccinations	Yes <input type="checkbox"/> Date	No <input type="checkbox"/>
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Has your child lived overseas? If yes, please state country and details of any tropical disease.

Give details of any exposure to Pulmonary Tuberculosis

Does your child need reading glasses or contact lenses? Yes ☐ No ☐

When was the child's last eyesight test? \_\_\_\_\_ If so with what result \_\_\_\_\_

Has your child had an audiometric test? Yes ☐ No ☐

If so give details of result (pass/fail) and date \_\_\_\_\_

Does your child wet the bed or have poor bladder control: Give details	
Is there any family history, which might have a bearing on his/her health, including any psychiatric illness, coronary heart disease, diabetes or high blood pressure in immediate family?	
Is there any feature of your child's physical or mental health that you feel the school should be aware of or you would like to discuss this with the school?	
Do you consider that your child is fit and well to take part in normal games, exercise and activities?	
Is your child currently on any medication or receiving any treatment? A letter from their doctor or consultant would be helpful?	
Is there any feature of your child's physical /mental health you feel the school should be aware of? If yes, would you like to discuss this with the school?	
Doctor/Consultant	
Name_____ Telephone_____  Mobile No _____  Email_____ Address _____	Dentist
<u>Medical Insurance</u> _____	Name_____ Telephone_____

	Mobile No _____ Email _____ Address _____ _____ _____
Does your child have private medical insurance? Yes <input type="checkbox"/> <input type="checkbox"/> No Name of Insurer _____ Policy Number _____	
Child's PPS Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

<b>ALLERGIES</b>
Does your child have any allergies?    Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the child allergic to?
What is the nature of the allergic reactions? e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
What to do in case of allergic reactions? e.g. Name any medication used and how it is to be used (e.g. EpiPen)

<p style="text-align: center;"><b>Control Measures</b> e.g. how the child can be prevented from contact with the allergen?</p>
<p style="text-align: center;">Any special diet or restricted foods?</p>

**PARENT DECLARATION- Read and sign**

**EMERGENCY MEDICAL TREATMENT**

I/We hereby give consent to \_\_\_\_\_ (name of child) receiving medical treatment if a doctor thinks it is required as an emergency and I/We cannot be contacted following reasonable attempts to do so prior to such treatment being administered.

In the event of an emergency, an ambulance will be called.

A parent/guardian will be contacted and informed about the emergency. A member of staff will go with the child in the ambulance to the hospital and wait until a parent/guardian arrives.

I/We hereby give consent for my/our child to receive emergency Physiotherapist treatment if required.

I/We hereby give consent for my/our child to receive emergency Orthodontist treatment if required.

**STOCKED MEDICATION**

The Designated Person will only administer 'Calpol 6+' (paracetamol) or Nurofen/Easofen (Ibuprofen) if a child becomes unwell, and has high a temperature of over 37.5°C. 37.5 degrees or displays headaches/sinus problems.

Other medications stocked are:

Benylin – Dry or Mucus Cough  
Benylin- Cough and Cold Arnica  
Cream (bruises) Antiseptic wipes  
Hypoallergenic plasters Optrex  
(eye lotion)  
Oilbas Oil (for blocked noses and colds)  
Bonjela (mouth ulcers and sore gums)

Standard Plasters  
Anthisan cream (stings,  
bites) Zirtek Liquid (anti  
histamine) Eurax (burns,  
scalds, bites) Bepantiseptic  
cream (cuts, sores) Deep  
Heat (for muscle pain) Arnica  
Cream (bruising) Strepsils  
(sore throats)



I/We give permission to the school to administer the non-prescription medicine outlined above with the exception of (list any medications not permitted below)

\_\_\_\_\_ (If applicable)

**OR (cross out if not applicable)**

I/We do not give permission for my/our child to receive any stocked medication  
NON-EMERGENCY MEDICAL/DENTAL/HOSPITAL APPOINTMENTS

I/We acknowledge that my/our child will be transported by taxi with a Garda vetted driver to any non-emergency appointments.

**IMMUNIZATIONS**

I/We confirm that my child has been immunized as above.

**PERSONAL CARE**

I/We acknowledge that any personal care needs of my/our child will be met by the Designated Person. I/We acknowledge that all children will have weekly checks for teeth, nails and head lice and treatment of head lice will be carried out as required

**INJURY/ILLNESS OUTSIDE SCHOOL**

I/We acknowledge that any injury or illness a child incurs outside of the school will be brought to the attention of the school, providing the medical cert detailing the injury or illness. I/We will notify the school if my/our child is not fit for sport/extracurricular activity, has a physio regimen to attend to, or requires any special medical attention.

**SUN CARE**

I/We give permission for sun-cream to be used.

<b>Signed Parent 1</b> I have read and understood the above declaration	<b>Signed Parent 2</b> I have read and understood the above declaration
<b>Name</b>	<b>Name</b>
<b>Date</b>	<b>Date</b>

**PRESCRIBED MEDICATION**

Parents must sign and complete a medication form before prescribed medication is administered. Prescribed medication must clearly state child's name, dosage, date and expiry date.

Does your child take any regular prescribed medication?  
Please list

CHILD'S NAME:

FULL DIRECTIONS FOR GIVING MEDICINE ARE CLEARLY MARKED ON THE MEDICINE AND ARE AS FOLLOWS:

NAME OF MEDICATION \_\_\_\_\_

WHEN (FREQUENCY) IS MEDICATION TO BE ADMINISTERED?

AMOUNT TO BE GIVEN \_\_\_\_\_

HOW MEDICATION IS TO BE GIVEN (ROUTE) \_\_\_\_\_

We will safeguard and maintain the well-being of all children within the school. We work in partnership with parents and children's health care professionals to ensure that the appropriate procedure is followed to administer medication safely to a child while in our care.

All prescribed medication will be administered by authorized and trained staff members only and all medication administered will be recorded.

I /WE AUTHORIZE THE SCHOOL TO ADMINISTER PRESCRIPTION MEDICATION AS DETAILED ABOVE.

<b>Signed Parent 1</b> I have read and understood the above declaration	<b>Signed Parent 2</b> I have read and understood the above declaration
<b>Name</b>	<b>Name</b>
<b>Date</b>	<b>Date</b>

**If you have younger children (not attending our School) please list them below so we can keep in touch regarding educational needs**

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

IMPORTANT
<ul style="list-style-type: none"><li>• <b>It is mandatory to sign all relevant sections of the form. The child is not deemed registered until this happens</b></li><li>• <b>Make sure you take a copy of this form which is also your agreement with the School and keep it safely for future reference</b></li><li>• <b>Signing this form confirms that you have received access to the School's policies and procedures</b></li></ul>



**Contact Details**

**ADDRESS:**

**Please ensure the following are attached:**

Copy of immunization record  
Photo of child, parent/guardian  
Tusla Form  
Birth Certificate

**And if applicable**

Medical Emergencies Care Plan  
Other Care Plans  
Doctor/ Consultant Notes

**FINAL SIGNATURE OF PARENT (S) GUARDIAN (S)**

Names(s):

Date: