



Kilcoskan National School, The Ward, Co.Dublin

## Kilcoskan National School Application Form

**Completion of this form does not guarantee your child a place in the school. It will be considered in line with the school's Application and Enrolment Policy.**

**All sections of this form must be completed in full. Forms, Birth Certificates, Baptismal Certificates, proof of address and relevant reports etc. must also be submitted to the school in hard copy before any application will be processed. The Board of Management reserves the right to decline an application if it is incomplete or is not accompanied by relevant supporting documentation.**

**Applications for junior infants must be received by Kilcoskan NS by the 30<sup>th</sup> September preceding the school year for which you are applying to enrol your child. Applicants to junior infants must be 4 years of age by 1<sup>st</sup> March preceding their first day of school.**

Name of Child (in full, as on Birth Certificate) \_\_\_\_\_  
(Your child's name as on Birth Certificate will be used to identify your child throughout their time in Kilcoskan NS unless other relevant legal documentation is provided).  
Address at which child resides: \_\_\_\_\_

Proof of address is required on original documentation, e.g. ESB bill, Telephone bill. Further proof of child's address may be required if deemed necessary.

Valid Telephone No: **(It is parents' responsibility to immediately inform school of changes to phone number/s):** \_\_\_\_\_

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

I am applying to enrol my child in: (please tick as appropriate)

Junior Infants [ ] Senior Infants [ ] 1<sup>st</sup> Class [ ] 2<sup>nd</sup> Class [ ] 3<sup>rd</sup> Class [ ] 4<sup>th</sup> Class [ ] 5<sup>th</sup> Class [ ] 6<sup>th</sup> Class [ ]

I am applying for my child to be placed in a Kilcoskan NS:

Mainstream Class: [ ] Special Class for children with Autism: [ ]

I am applying for my child to start in Kilcoskan NS in the month of \_\_\_\_\_ in the year \_\_\_\_\_ (or as close as possible).

If not born in Ireland, date on which child arrived in Ireland: \_\_\_\_\_

Mother's Nationality: \_\_\_\_\_ Father's Nationality: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employment Status: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employment Status: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Other Legal Guardian's Name (if relevant): \_\_\_\_\_ Present employment: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email address for all correspondence in relation to this application: \_\_\_\_\_

**Changes to parent / guardian contact details must be communicated to the school immediately.**

Is the child living with both parents: \_\_\_\_\_ Is the child living permanently with both parents together? \_\_\_\_\_ If not, state child's living arrangements \_\_\_\_\_

Name of parent to whom correspondence will be addressed / made: \_\_\_\_\_ . Note that if there is a requirement that



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seperated parents both receive correspondence, this must be communicated in writing to the Board of Management for special consideration.

Position of child in family (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc. – 1<sup>st</sup> being eldest.) \_\_\_\_\_ Number of children in the family: \_\_\_\_\_

Name of siblings / half siblings already in this school: \_\_\_\_\_

Class/classes: \_\_\_\_\_

Religious denomination: \_\_\_\_\_

If your child was baptised please state where it took place: \_\_\_\_\_

Date of baptism: \_\_\_\_\_

**Kilcoskan NS is a Catholic school under the patronage of the Archdiocese of Dublin. Any requests or enquiries concerning sacramental preparation or the Patron's sanctioned religious education programme must be submitted in writing with this application for the attention of the Board of Management.**

Did your child attend preschool: \_\_\_\_\_ For how long did your child attend: \_\_\_\_\_

If your child did not attend preschool, briefly outline care arrangements prior to starting school: \_\_\_\_\_

Address, current contact name and phone number of preschool: \_\_\_\_\_

**(In applying to Kilcoskan NS you provide consent for the school to contact your child's preschool / preschool carer and to discuss your child if the school deems it necessary).**

Is English your child's first language? \_\_\_\_\_ Does your child speak English well? Please rate: Fluent \_\_\_ Has some ability \_\_\_ Other \_\_\_\_\_

At what age did your child begin to speak: \_\_\_\_\_

Has your child ever had a psychological assessment? \_\_\_\_\_ Date \_\_\_\_\_

Has your child ever received a speech and language report? \_\_\_\_\_ Date \_\_\_\_\_

Has your child had any other medical / clinical reports? \_\_\_\_\_ Date \_\_\_\_\_

Has your child any physical or mental disabilities? \_\_\_\_\_ Is there any specific equipment or resources which the school will require for your child? \_\_\_\_\_

Note that all such resources are sourced through Department of Education / state approved procedures – the school does not engage with other agencies or groups.

Give details of any health conditions (eg. Asthma, eyesight, hearing, allergies etc.) or emotional problems which may affect your child at school. (It is parents' responsibility to inform the school – including throughout the child's schooling. If appropriate, parents may be required to complete the school's administration of medicines policy.)

\_\_\_\_\_

Hard copies of any and all relevant reports / letters concerning the above must be provided with this application.

Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine **the school must be informed in advance in writing.**



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**Person who usually collects child(ren)**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Ph: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Ph: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Ph: \_\_\_\_\_

**Any other information relevant to collection of your child:** \_\_\_\_\_

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

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

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

- Your child feeling sick / being injured.
- 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 my child gets sick, or the school has to close unexpectedly, etc** and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of two other people you nominate for us to contact. We may ask this person to come and collect your child/children.

**Person the school will contact:**

1 \_\_\_\_\_ 2 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel/mobile: \_\_\_\_\_ Tel/mobile: \_\_\_\_\_

**Medical Emergency/Accident**

That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may bring my child/children to a Doctor/Hospital if an emergency arises.

**Signed (Parent/Guardian)** \_\_\_\_\_

**Family Doctor**

Doctor's Name \_\_\_\_\_ Telephone No: \_\_\_\_\_

Is there any other relevant information about your child/children which we should know?



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**Please read the following and sign consent below. If you have any questions, please contact the school immediately. It is assumed that upon signing you accept and consent to these matters and the school is not obliged to further consult with you on such matters. Failure to accept school policies and procedures may negatively affect your child's application for enrolment.**

- 1: I understand that Kilcoskan NS works under the policies and procedures of the Department of Education and Skills, other relevant state agencies and the Catholic Patron.
- 2: I consent to my child's participation in all approved Department of Education / National Council for Curriculum and Assessment programs and I understand that these are revised from time to time / on an ongoing basis.
- 3: As part of my child's education in Kilcoskan NS, assessment procedures, educational diagnostic and educational screening procedures may be carried out in the school on any and all children from Infants to 6<sup>th</sup> Class to assess progress in various curricular subjects and skills. I consent for my child to do these.
- 4: I consent to my child attending the school's Support Teaching Team if deemed necessary.
- 5: I give permission to allow my child's photograph/ digital image to be included in school-related activities, class / school blogs / competitions / school linked promotions etc. Pupil photographs and their work, if used for blogging etc. are generally not named for child protection reasons.
- 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. if the school deems this is required.
- 7: I accept and understand that as a parent of a pupil / pupils in the school it is my responsibility to support and keep informed of all school policies and procedures, including updates and revisions including the school's Code of Behaviour. I understand that all school policies are available from the school. Where necessary and appropriate I commit to discussing these with my child.
- 8: I understand that the school may use a data base / data management package with online components to manage my and my child's data. Such packages are password protected and information contained therein is considered confidential.
- 9: Kilcoskan NS pupils participate in all curricular lessons available to them, as agreed by the Department of Education – this means that every second year all pupils from 1st – 6th class go swimming unless they have a doctor's certificate recommending they don't swim for medical reasons.
- 10: I understand that in the event of a dispute concerning any of the above matters the Board of Management's decision is final.

I accept all of the above points and I freely choose to apply to enrol my child as named on this form. I declare the above information to be correct and understand that it will be treated as confidential.

**Signed:** \_\_\_\_\_

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

**Principal's signature:** \_\_\_\_\_

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

For office use only:

Birth Certificate received: Yes  No

Baptismal Certificate received: Yes  No  Not applicable



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**This section to be completed if date of application submission is within 12 months of your child starting junior infants:**

- Can my child speak clearly and be understood by strangers? \_\_\_\_\_
- Is my child able to express their needs, e.g. ask to go to the toilet? \_\_\_\_\_
- Can my child put on and off his or her coat, shoes etc.? \_\_\_\_\_
- Can my child manage a lunch box, open and carton or pour a drink? \_\_\_\_\_
- Can my child go to the toilet and wash their hands? \_\_\_\_\_
- Is my child able to wait in turn for a few minutes? \_\_\_\_\_
- Can my child sit quietly and listen to a story? \_\_\_\_\_
- Can my child understand basic concepts such as little/large, heavy/light, under/over? \_\_\_\_\_
- Is my child able to sort and match objects? \_\_\_\_\_
- Can my child follow a basic sequence \_\_\_\_\_

**This section must be completed if your child is applying to transfer from another Primary School**

Note that Kilcoskan NS reserves the right to contact your child's previous school/s if it deems it appropriate.

**Previous School:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**What class was your child in when he/she left the school?** \_\_\_\_\_

**Reason for Transfer:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you enclosed a copy of the most recent school report including attendance record?** Yes  No

*Note: We require reports from previous schools in order to meet the needs of your child. Please ensure that you have included a Birth Certificate and Baptismal Certificate with this form (if your child was baptised). Original documents will be photocopied and returned to you.*



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**The following is information requested by the Department of Education and Skills for the Primary Online Database – further inquiries in relation to the Primary Online Database may be submitted to the Department of Education and Skills.**

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. Both religion and ethnic and cultural background are sensitive personal data categories under Data Protection legislation. These questions are optional. While these questions are optional, the information would be very useful to the Department for statistical and research purposes. Aggregated information on Ethnic/Cultural background will be used to track the progress of these groups, and to compare their progress with other groups, thereby identifying gaps in the system and assisting in the development and implementation of appropriate policies and interventions. Enhanced capitation in respect of pupils who are members of the Traveller Community will be paid to schools on the basis of the answers to this question. Aggregated information on religion will be used for statistical purposes only. Parents/guardians are asked, if they wish to do so, to identify their children’s religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. This page of the form will be retained by your primary school.

**To which ethnic or cultural background group does your child belong (please tick one)?  
(Categories based on the Census of Population)**

- |   |                          |                 |                          |                                |                          |
|---|--------------------------|-----------------|--------------------------|--------------------------------|--------------------------|
| White Irish                                       | <input type="checkbox"/> | Irish Traveller | <input type="checkbox"/> | Roma                           | <input type="checkbox"/> |
| Any other White Background                        | <input type="checkbox"/> |                 |                          | Black or Black Irish - African | <input type="checkbox"/> |
| Black or Black Irish - Any other Black Background | <input type="checkbox"/> |                 |                          | Asian or Asian Irish – Chinese | <input type="checkbox"/> |
| Asian or Asian Irish - Any other Asian background | <input type="checkbox"/> |                 |                          | Other (inc. mixed background)  | <input type="checkbox"/> |
| No consent  |                          |                 | <input type="checkbox"/> |                                |                          |

**What is your child’s religion?**

- |  |                          |                              |                          |                  |                          |
|--|--------------------------|------------------------------|--------------------------|------------------|--------------------------|
| Roman Catholic                           | <input type="checkbox"/> | Church of Ireland (Anglican) | <input type="checkbox"/> | Presbyterian     | <input type="checkbox"/> |
| Methodist, Wesleyan                      | <input type="checkbox"/> | Jewish                       | <input type="checkbox"/> | Muslim (Islamic) | <input type="checkbox"/> |
| Orthodox (Greek, Coptic, Russian)        | <input type="checkbox"/> | Apostolic or Pentecostal     | <input type="checkbox"/> | Hindu            | <input type="checkbox"/> |
| Buddhist                                 | <input type="checkbox"/> | Jehovah’s Witness            | <input type="checkbox"/> | Lutheran         | <input type="checkbox"/> |
| Atheist                                  | <input type="checkbox"/> | Baptist                      | <input type="checkbox"/> | Agnostic         | <input type="checkbox"/> |
| Christian Religion (not further defined) | <input type="checkbox"/> | Protestant                   | <input type="checkbox"/> | Evangelical      | <input type="checkbox"/> |
| Other Religions                          | <input type="checkbox"/> | No Religion                  | <input type="checkbox"/> | No Consent       | <input type="checkbox"/> |

*I consent for the sensitive personal data in the two questions above to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.*

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

Parent/Guardian

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

Please complete this form and return to your primary school. For further information on POD please go to the Department of Education and Skills’ website [www.education.ie](http://www.education.ie)