

Scoil Chiaráin Naofa, Doorus N.S.



Principal: Martina Tarpey
Deputy Principal: Helen O Riordan
Roll Number: 17869Q

Telephone: 091-638645
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Enrolment form 2025-2026

All information given on this form will be treated with the strictest confidence and only used for the benefit of your child. Please enclose a copy of your child's birth certificate, P.P.S. Number and Baptismal Certificate (if applicable).

Child's Details:

Forename:		Address:	
Surname:			
Date of Birth:			
Gender:		Eircode:	

<i>Nationality:</i>		<i>Religion:</i>	
<i>P.P.S. No:</i>		<i>Language spoken at Home:</i>	

Parental Details

<u>Mother's Name:</u>		<u>Father's Name:</u>	
<u>Nationality:</u>		<u>Nationality:</u>	
<u>Maiden Name:</u>		<u>Home Tel:</u>	
<u>Home Telephone Number;</u>		<u>Father's Mobile Tel:</u>	
<u>Mother's Mobile Tel:</u>		<u>Work Contact Tel:</u>	
<u>Work Contact Tel:</u>		<u>Father's E-mail:</u>	
<u>Mother's E-mail:</u>			

Emergency Contact Numbers

<u>Name of Emergency Contact: 1: 2: 3:</u>	<u>1.</u>	<u>2.</u>	<u>3.</u>
<u>Address:</u>			
<u>Phone Number:</u>			

<u>Relationship with Child:</u>			
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Medical Details

Family Doctor:		Relevant Health/ Medical Concerns:	<ul style="list-style-type: none"> • Yes • No
Address;		Examples: <ul style="list-style-type: none"> • Asthma • Allergies • Epilepsy • Seizures • Hearing • Eyesight • Other 	<u>If yes please specify;</u>
Contact Number;			

Medication to be Administered/ Procedures to Follow for a Particular Illness–Please outline below..

(Please see Administration of Medication Policy on school website):

Educational Details:

<u>Previous Educational Setting:</u>	<ul style="list-style-type: none"> • <u>Preschool</u> 	<u>Previous Primary School (if applicable)</u>
<u>Name;</u>		
<u>Address;</u>		

Has your child attended/been referred to with any of the following?

<u>Occupational Therapist</u>	<ul style="list-style-type: none"> • <u>Yes</u> • <u>No</u> 	<u>Psychiatrist:</u>	<ul style="list-style-type: none"> • <u>Yes</u> • <u>No</u>
<u>Physiotherapist :</u>	<ul style="list-style-type: none"> • <u>Yes</u> • <u>No</u> 	<u>Pediatrician:</u>	<ul style="list-style-type: none"> • <u>Yes</u> • <u>No</u>
<u>Educational Psychologist:</u> <u>Yes: No:</u>	<ul style="list-style-type: none"> • <u>Yes</u> • <u>No</u> 	<u>Speech & Language Therapist</u>	<ul style="list-style-type: none"> • <u>Yes</u> • <u>No</u>
<u>Clinical Psychologist:</u>	<ul style="list-style-type: none"> • <u>Yes</u> • <u>No</u> 	<u>Other ;</u>	<ul style="list-style-type: none"> • <u>Yes</u> • <u>No</u>

If Yes, please give details and dates:

➤ *Please include all available reports and assessments with this enrolment form in order for us to access supports where possible/appropriate for your child*

Other than those outlined above, do you have any other concerns regarding your child's overall development?

Social & Emotional Development:	<ul style="list-style-type: none"> ● Yes ● No 	Speech & Language Development:	<ul style="list-style-type: none"> ● Yes ● No
Sensory Behaviour:	<ul style="list-style-type: none"> ● Yes ● No 	Co-ordination & Independence Skills:	<ul style="list-style-type: none"> ● Yes ● No
Visual / Hearing Development:	<ul style="list-style-type: none"> ● Yes ● No 	Other	<ul style="list-style-type: none"> ● Yes ● No

If Yes, please give details below:

● ***I/We will contact the school should there be a change of family circumstances that affect the emotional and/or educational development of my/our child***

- Yes
- No

<ul style="list-style-type: none"> ● <i>I/We have completed and returned the school Parental Consent Form with this application (attached).</i> 	<ul style="list-style-type: none"> ● <u>Yes</u> ● <u>No</u>
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- *If you change your address, your mobile number or your email address during the school year, please inform the class teacher /school immediately, as it is vitally important to have up to date contact information in case of an emergency.*

- **I declare that the above information to be correct and understand that it will be treated as confidential.**

Signature of parent(s)/ guardian(s):

<p><u>Signature of parent (s) / guardian (s):</u></p> <p><u>Parent 1/Guardian 1:</u></p> <p>_____</p> <p><u>Parent 2/Guardian 2:</u></p> <p>_____</p> <p><u>Date</u></p> <p>_____</p>	<p><u>Principal's Signature:</u></p> <p>_____</p> <p>_____</p> <p><u>Date</u></p> <p>_____</p>
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Parental Consent Form 2025-2026

Consent	
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<p>❖ <i>I have read the school's code of behaviour and agree that my child will comply with its contents.</i></p>	<ul style="list-style-type: none">● Yes● No
<p>❖ <i>I consent to my child attending the special education teacher (SET) if deemed necessary by the school</i></p>	<ul style="list-style-type: none">● Yes● No
<p>❖ <i>I acknowledge that it is a condition of enrolment in state primary schools that my child's details will be stored on the primary online database.</i></p>	<ul style="list-style-type: none">● Yes● No
<p>❖ <i>I consent to my child's details (name, address, and date of birth etc.) being given to the H.S.E.</i></p>	<ul style="list-style-type: none">● Yes● No

<p>❖ <i>I consent to my child's details (name, address, and date of birth etc.) being given to sporting bodies when children are taking part in games outside of school.</i></p>	<ul style="list-style-type: none"> ● Yes ● No
<p>❖ <i>I consent to my child's photograph/image being included in school based activities and publications.</i></p>	<ul style="list-style-type: none"> ● Yes ● No
<p>❖ <i>I consent to basic first aid, e.g., minor cuts and bruises, being performed on my child, if necessary.</i></p>	<ul style="list-style-type: none"> ● Yes ● No
<p>❖ <i>I consent to my child being taken directly to a doctor/ hospital or to an ambulance being called in a case of a serious illness or accident.</i></p>	<ul style="list-style-type: none"> ● Yes ● No
<p>❖ <i>I consent to my child's participation in the school's stay safe programme.</i></p>	<ul style="list-style-type: none"> ● Yes ● No
<p>❖ <i>.I consent to my child's participation in the school's Relationship and Sexual Education (R.S.E) programme.</i></p>	<ul style="list-style-type: none"> ● Yes ● No
<p>❖ <i>I consent to my child's photograph to be used on the school website/ blog and the school's social media account.</i></p>	<ul style="list-style-type: none"> ● Yes ● No
<p>❖ <i>I consent to my child's participation in activities such as school tours, outings, sporting events, etc., during the school day with prior notice.</i></p>	<ul style="list-style-type: none"> ● Yes ● No

<p>❖ <i>I consent to basic first aid, e.g., minor cuts and bruises, being performed on my child, if necessary.</i></p>	<ul style="list-style-type: none"> ● Yes ● No
<p>❖ <i>I consent to my child being taken directly to a doctor/ hospital or to an ambulance being called in a case of a serious illness or accident.</i></p>	<ul style="list-style-type: none"> ● Yes ● No
<p>❖ <i>I consent to my child's participation in activities such as school tours, outings, sporting events, etc., during the school day with prior notice.</i></p>	<ul style="list-style-type: none"> ● Yes ● No
<p><i>Does any legal order under family law exist that the school should know about?</i></p> <p><i>If YES, please meet with the principal to outline the relevant details.</i></p>	

Signature of parent (s) / guardian (s):

<p><u><i>Parent 1/Guardian 1:</i></u></p> <p>_____</p> <p><u><i>Date</i></u> _____</p>	<p><u><i>Parent 2/Guardian 2:</i></u></p> <p>_____</p> <p><u><i>Date</i></u> _____</p>
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By signing this application form, I am agreeing to support the Board of Management and the school staff in their implementation of school policies. I am aware that all school policies are available on the school website(www.doorusns.ie)

I agree to support the staff in their endeavour to provide a positive learning experience for all children in the school.

Signature of parent (s) / guardian (s):

<u>Parent 1/Guardian 1:</u> _____	<u>Parent 2/Guardian 2:</u> _____
<u>Date</u> _____	<u>Date</u> _____