



# ST. FRANCIS XAVIER JUNIOR SCHOOL

## ENROLMENT APPLICATION FORM

### 1. CHILD'S PERSONAL DETAILS

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MALE ☐ FEMALE ☐ CLASS APPLIED FOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

Attach two of the following as Proof of Address: a) Electricity Bill b) Gas Bill c) Landline Telephone Bill d) Lease Agreement.

NAME OF SIBLING IN SCHOOL (IF APPLICABLE): \_\_\_\_\_

NAME & ADDRESS OF PREVIOUS SCHOOL (IF APPLICABLE): \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ MOBILE NO \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM CHILD) \_\_\_\_\_

COUNTRY OF ORIGIN \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOBILE NO \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM CHILD) \_\_\_\_\_

COUNTRY OF ORIGIN \_\_\_\_\_

EMERGENCY CONTACT NAME & NUMBER \_\_\_\_\_

EMAIL CONTACT FOR SCHOOL NOTIFICATIONS \_\_\_\_\_

MOBILE NO. FOR TEXT A PARENT \_\_\_\_\_

## 2. ADDITIONAL INFORMATION ON YOUR CHILD FOR PRIMARY ONLINE

BIRTH CERTIFICATE FIRST NAME (IF DIFFERENT) \_\_\_\_\_

BIRTH CERTIFICATE SURNAME (IF DIFFERENT) \_\_\_\_\_  
PLEASE ATTACH ORIGINAL BIRTH CERTIFICATE

CHILD'S NATIONALITY \_\_\_\_\_ PPS NO. \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

CHILD'S RELIGION \_\_\_\_\_

LANGUAGE SPOKEN AT HOME \_\_\_\_\_

CONSENT TO TRANSFER INFORMATION TO PRIMARY ONLINE DATABASE?

Yes ☐ No ☐

TO WHICH ETHNIC CULTURE DOES YOUR CHILD BELONG? \_\_\_\_\_

I/We consent that information relating to my child will be made available to school staff on a need-to-know basis. I also consent that the school may transfer this information to another school when my child is moving school or to other relevant agencies, Department of Education and skills, including its primary database, Tusla, Health Services Executive, and the National Council for Special Education.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

*FOR OFFICIAL USE ONLY*

*DATE APPLICATION RECEIVED* \_\_\_\_\_

## 3. MEDICAL INFORMATION

Does your child have a medical condition? Yes ☐ No ☐

If yes, What is the name of the condition \_\_\_\_\_

Has your child any allergic reaction to medicines or food Yes ☐ No ☐

Do you give permission to take your child to hospital in the case of an emergency/serious illness?

Yes ☐ No ☐

#### 4. PARENTAL CONSENT FOR DURATION OF CHILD ATTENDANCE AT ST. FRANCIS XAVIER JUNIOR SCHOOL

Relevant school policies are available to view on our websites [www.sfxns.ie](http://www.sfxns.ie) and are also available in hard copy from our school office upon request.

1. I/We agree to the school's Code of Behaviour and Anti Bullying Policies.

Yes ☐

No ☐

2. I/We accept the schools policy on Parent/Teacher communication.

Yes ☐

No ☐

(Please provide your primary email contact for the purpose of school communication and online payments)

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Please use block capitals

3. I/We consent to our child's work being published in relation to school events in

a) school print, b) local/national press, c) on the school website, d) other school related agencies/ initiatives.

Yes ☐

No ☐

4. I/We consent to our child's Photograph/Video Clip being published in relation to school events in a) school print, b) local/national press, c) on the school website, d) other school related agencies/initiatives.

Yes ☐

No ☐

5. I/We agree to our child taking part in Stay Safe programmes as part of the curricular subject area of Social, Personal and Health Education (SPHE). See [www.staysafe.ie](http://www.staysafe.ie)

Yes ☐

No ☐

6. During your child's time in St. Francis Xavier Junior School, it may be necessary from time-to-time for teachers to carry out diagnostic testing With your child on an individual basis in order to help them in their educational development. I/We give permission for any necessary diagnostic test to be carried out with my/our child.

Yes ☐

No ☐

7. I /We give permission for my/our child to attend the learning support teacher if deemed necessary. (Note: you will be informed if this support is needed.)

Yes ☐

No ☐

8. Does any legal order under family law exist in relation to your child? If yes, a copy of the court order is required for the school.

Yes ☐

No ☐

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



## 5. OTHER INFORMATION

### REFERRAL TO OTHER AGENCIES

Has your child been referred to any other agency?  
(Speech therapist, Social Worker, psychologist, etc.)

Yes ☐

No ☐

DETAILS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### OTHER CIRCUMSTANCES

Please give details and specify any condition or circumstances not listed already which might be considered to affect your child's ability to benefit from school life.

DETAILS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DECLARATION BY THE PARENTS/GUARDIANS

I/We declare that we have provided all the relevant information to the school in this application enrolment which will be required for my/our child to fully benefit from his/her education, including information relating to any behavioural needs or special needs.

### SIGNATURE OF PARENTS/GUARDIANS.

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

### CONSENT TO PREVIOUS SCHOOL/OTHER ORGANISATIONS

I/WE consent to this school contacting any previous education/medical/specialist Provider in order to access necessary information about my child.

### SIGNATURE OF PARENTS/GUARDIANS.

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

DATE \_\_\_\_\_

*Please note that providing false information on this form will render your child's application invalid.*