

Foirm Rollacháin/Enrolment Form  
Scoil Fhionáin  
074-9135122  
[scoilfhionain.anfalcarrach@gmail.com](mailto:scoilfhionain.anfalcarrach@gmail.com)  
[www.scoilfhionain.ie](http://www.scoilfhionain.ie)



AINM DALTA:NAME OF PUPIL .....

DÁTA BREITHE/ DATE OF BIRTH .....

INSCNE/GENDER

NÁISIÚNTACHT/NATIONALITY OF CHILD .....

PPS Number .....

SEOLADH/ADDRESS .....

EIRCODE: .....

ATHAIR/FATHER'S NAME .....MÁTHAIR/MOTHER'S NAME.....

Paistí eile ar scoil anseo-If other members of family already attend Scoil Fhionáin please state:

AINM/NAME.....  
.....

RANG/CLASS .....  
.....

FORMER SCHOOL / PRESCHOOL ..... CLASS .....

Fadhbanna Sláinte nó ailléirge/PLEASE NOTE ANY MEDICAL PROBLEMS / ALLERGIES YOUR CHILD MAY HAVE

.....  
**PLEASE ATTACH CHILD'S BIRTH CERTIFICATE. This will be photocopied and returned to you.**

FOR OFFICIAL USE ONLY/ DON OIFIG AMHÁIN  
NO: .....

Uimhir Rollacháin/REGISTRATION

DATE OF ENTRY:..... Birth Certificate Yes ☐ No ☐ Rang:.....

\*Parents/ Guardians Signature(s)..... Date .....

## CONTACT NUMBERS

While we make every effort to ensure the safety of your child, we may need to contact you in the event of an accident or an unexpected closing, via TEXT a PARENT or by phone.

Please fill in the following:

PUPIL'S NAME: \_\_\_\_\_

NAMES OF PARENTS/LEGAL GUARDIANS: \_\_\_\_\_

HOME ADDRESS(es) : \_\_\_\_\_

**Alternative Contact Numbers (not your own number- e.g. family member)**

1. NAME: \_\_\_\_\_

ADDRESS &Phone no. \_\_\_\_\_

2. NAME: \_\_\_\_\_

ADDRESS &Phone no. : \_\_\_\_\_

**Should any of these numbers change while your child is attending this school please inform us immediately.**

In the event of an emergency, should we fail to contact you, do you give permission to the school to bring your child to seek medical attention ?

Yes: \_\_\_\_\_

No: \_\_\_\_\_

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

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

Please make the above arrangements clear to your child.

## DIAGNOSTIC/EDUCATIONAL TESTS.

During your child's time in Scoil Fhionáin he/she will undergo various Diagnostic/Educational Tests.

### PERMISSION SLIP.

Should my child require educational/diagnostic testing during his/her time in Scoil Fhionain, I give permission for these tests to be carried out.

\*Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
Parent / guardian

## **CODE of BEHAVIOUR and Discipline for Children**

**CHILD'S NAME:** \_\_\_\_\_

We the Parents/Guardians of ..... have received, read and understand the Code of Behaviour and Discipline for Children of Scoil Fhionáin. We agree to abide by this Code and will work in co-operation with the staff to ensure our child understands and adheres to the Code.

**\*Signed:** ..... **Dated**.....

### **PAYMENT CONTRACT**

Pupil's Name: \_\_\_\_\_ Class: \_\_\_\_\_

I understand that there will be certain costs relating to my child's education in Scoil Fhionáin. These materials will be mainly in the area of books, book rental, educational equipment and materials. I agree to pay these costs.

**\*Signed:** \_\_\_\_\_ **Date**.....

***I have read Scoil Fhionáin's Acceptable Use Policy for Internet Usage, incorporating new Mobile Phone and Internet enabled Devices policy.***

**I will abide by the Policy.**

**\*Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_.

### **Publishing Photographs / Schoolwork**

During your child's attendance at Scoil Fhionáin occasions may arise where your child's work / photograph may be taken and selected for publicity purposes in newspapers and or on the school website. This is strictly monitored by school and follows best practice guidelines from school's Acceptable Use Policy and webwise.ie. Do you allow your child to be photographed and published ? Please tick the correct box.

Yes ☐ No ☐

**\*Signed**\_\_\_\_\_ **Date** \_\_\_\_\_

## **APPENDIX TO ENROLMENT POLICY**

Scoil Fhionain is a Catholic school whose school plan is underpinned by its Catholic ethos. However, religion is not used as part of enrolment criteria. Scoil Fhionáin does not ask for a voluntary contribution towards school funds. Our aim is to provide a safe, happy learning environment where children's emotional, psychological, physical and moral development is catered for in addition to their academic progress. The school promotes and expects from its pupils, a tolerance of different religious beliefs, and of those with no religious beliefs.

**(1) I wish my child to be instructed in the Catholic Faith:**

We/I understand that Scoil Fhionain is a Catholic School and wish our/my child to be taught the Catholic faith;

Yes    ☐    No    ☐

**\*If Yes, please sign here:** \_\_\_\_\_  
(You need continue **no further**)

**(2) respect for the beliefs of other:**

- I. We/I understand that there is no compulsion on our/my child to take part in the Religious Education classes in school
- II. We/I understand that, given the lack of supervisonal resources in a school the size of Scoil Fhionain, it will not be possible for our/my child to be outside the classroom during these lessons.
- III. While we/I do not wish our/my child to be taught the Catholic faith, we/I respect the rights of other children to do so and we/I will ensure that our/my children do or say nothing that would undermine or compromise this basic right to religious expression.

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

**\*Signature of Parents/Guardians:** \_\_\_\_\_

**(3) Permission to remove child from school during R.E. time:**

We/I understand that we/I have the right if we/I wish to take our/my child(ren) out of the school at ..... each day, returning him/her/them at ..... for the resumption of classes.

**NOTE: If availing of this option, the child/children must be brought away from the school to avoid distraction to the other pupils.**

We/I wish to exercise this right.

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

**\*Signature of Parents/Guardians:** \_\_\_\_\_

**ALL PARENTS/GUARDIANS ARE REQUIRED TO SIGN THE APPROPRIATE PARTS OF THIS FORM MARKED WITH A \* AND RETURN TO SCHOOL OFFICE.**

