

Foirm Rollacháin/Enrolment Form
Scoil Fhionáin
074-9135122
scoilfhionain.anfalcarrach@gmail.com
www.scoilfhionain.ie



AINM an DHALTA/NAME OF PUPIL _____

DÁTA BREITHE/ DATE OF BIRTH _____

INSCNE/GENDER Male ☐ Female ☐

NAISIÚNTACHT/NATIONALITY OF CHILD _____

UIMHIR PPSN (Personal Public Service Number) _____

SEOLADH/ADDRESS _____

EIRCODE _____

FORMER SCHOOL / PRESCHOOL _____

RANG/CLASS (if applicable) _____

PÁISTÍ EILE AR SCOIL ANSEO
(If siblings already attend Scoil Fhionáin please state)

AINM/NAME _____

RANG/CLASS _____

*FADHBANNA SLÁINTE NÓ AILLÉIRGE/ _____

PLEASE NOTE ANY MEDICAL PROBLEMS / _____

ALLERGIES YOUR CHILD MAY HAVE* _____

SÍNIÚ TUISMITHEOIRÍ/CAOMHNÓRAÍ

Parent's/ Guardian's Signature(s) _____

Dáta/ Date _____

****Le do thoil, cuir isteach cóip den teastas bréithe agus déanfar cóip dó. ****

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

DON OIFIG AMHÁIN / FOR OFFICIAL USE ONLY

Uimhir Rollacháin: _____ Dáta iontrála: _____

Teastas Bréithe Tá ☐ Níl ☐ Rang: _____

UIMHREACHA TEAGMHÁLA / 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.

Líon isteach le'd' thoil/ Please fill in the following:

AINM an DHALTA/NAME OF PUPIL _____

PARENT/TUISMITHEOIR 1

PARENT/TUISMITHEOIR 2

NAME/AINM _____

CONTACT NUMBER _____

WORK NUMBER _____

EMAIL _____

ALTERNATIVE CONTACT NUMBERS (not your own number e.g. family member)

Contact 1

Contact 2

NAME/AINM _____

CONTACT No/UIMHIR _____

Relationship to child _____

****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: _____

DIAGNOSTIC/EDUCATIONAL TESTS

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

PERMISSION SLIP

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

*Signed: _____

Date: _____

Parent / Guardian

Cód Iompair agus Smachta/CODE of Behaviour and Discipline
Please read this policy on www.scoilfhionain.ie ,under POLICIES

AINM an DHALTA/NAME OF PUPIL _____

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: _____ Date: _____
Parent / Guardian

PAYMENT CONTRACT

AINM an DHALTA/NAME OF PUPIL _____

Scoil Fhionáin operates a Book rental scheme. Rental can be paid for in instalments. We have set up Epayments on our school website to facilitate payments, as well as cash/cheque.

These materials will be mainly in the area of books, book rental, educational equipment and materials. I agree to pay these costs.

*Signed: _____ Date: _____
Parent / Guardian

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

I will abide by this Policy.

*Signed: _____ Date: _____
Parent / Guardian

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 publication in newspapers and/or on the school website. This is strictly monitored by school and follows best practice guidelines from the 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: _____
Parent / Guardian

APPENDIX TO ENROLMENT POLICY

Scoil Fhionáin 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 Fhionáin 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 obligation on our/my child to take part in the Religious Education classes in school
- II. We/I understand that my/our child may remain in classroom during R.E. 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 religious instruction.

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 during R.E.

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.