



ST. FELIM'S NATIONAL SCHOOL

Farnham Street, Cavan
Phone/Fax: 00353 494332366
Email: felimsns@gmail.com
Website: www.stfelimsnscavan.ie

APPLICATION FOR ENROLMENT 2017 2018

CLASS applied for _____ email address parent/guardian: _____

PUPIL'S Name _____ **P.P.S.No** _____
Country of pupil's birth: _____ Year pupil came to Ireland _____
Date of birth _____ Religion _____ Date of Baptism _____
(please bring copy of Birth Certificate and Baptism Certificate if religion is Catholic)

MOTHER'S name and surname _____ Nationality _____
Address _____
Contact phone _____ Occupation/Job _____

FATHER'S name and surname _____ Nationality _____
Address _____
Contact phone _____ Occupation/Job _____

LEGAL GUARDIAN name(s) *(if not parents)* _____
Address _____
Contact phone nos _____

Emergency contacts who may be contacted if child becomes ill at school if parents are not available
Name _____ Phone _____ Relationship to child _____
Name _____ Phone _____ Relationship to child _____

Number of children in family _____ **Names of any family** members who attend / attended St. Felim's _____

Previous School Name and address _____
Previous school phone no _____ Class attended _____
Reason for change of school _____

Relevant information (health or other) _____

Signed (Parent/Guardian) _____ **Date:** _____

Office use only

Birth Cert in	Baptismal Cert in	School rules parent & pupil	Permission form signed	Any relevant reports in



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As part of your child's education in St. Felim's NS it may be necessary, from time to time, to carry out certain tests, assessments and activities as outlined below for the benefit of your child.

It would be appreciated if you would complete the consent section and return it with your Application for Enrolment Form.

CONSENT SECTION

Name of Student: _____

Date of Birth: _____

I, the parent/guardian of the above named student, give my permission for the following:

1. St. Felim's NS to **request all Psychological Reports and other relevant reports** that relate to my child from my child's previous school.
2. **Tests and Assessments** may be administered at different points during the school year, throughout his/her time in St. Felim's.
3. **To allow teaching** under the withdrawal system where a pupil may be taught in a group or an individual setting should the tests and assessments administered indicate.
4. **To release assessment and test results** to relevant bodies and to schools where your child will be continuing his education.
5. **Use photographs of your child** for project work and/or single/group photographs for publishing in local papers, school website, etc.
6. **Teach the 'Stay Safe' and the 'Relationships and Sexuality Education.'** programmes to your child during his time in St. Felim's NS.
7. **Video your child** for some subject areas.
8. **To allow my child to go on out of school trips** – excursions to places of interest and educational entertainment.

Signed: _____

[parent / guardian]

Date: _____



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EXTRA RESOURCES QUESTIONNAIRE

PLEASE COMPLETE THIS FORM
AS PART OF ENROLMENT PROCEDURE
AND ENCLOSE ANY RELEVANT REPORTS

Please use **BLOCK CAPITALS**

Name of Child:

Date of Birth:

LEARNING SUPPORT

Does your son receive *Learning Support* in his present school? Yes No

If YES tick areas he receives Learning Support? Maths Literacy

How many hours per week does he receive Learning Support? _____

PSYCHOLOGICAL REPORT

Does your son have a *Psychological Report*? Yes No

If YES please ATTACH a COPY to this form.

RESOURCE HOURS

Has your son being granted *Resource Hours* in his present school?

Yes No

If YES, how many Resource hours per week have being granted? _____

Signed (Parent/Guardian): _____

Date: _____