

Enrolment Application Form

Kilteely National School 2026/2027

Pupil's First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____

Address (at which the applicant resides)

Name and class of any sibling(s) currently enrolled:

Parish in which the applicant resides: _____

Parent(s)/Guardian(s) Details:

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Home Tel. _____ Mobile _____ Email. _____

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Home Tel. _____ Mobile _____ Email. _____

Signature 1: _____ Signature 2: _____

Date: _____ Date: _____

Scoil Náisiúnta Chill Tíle

Pupil's First Name:	Surname:
Date of Birth: / / PPS: _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Year you wish to enrol your child: September 202____	
Home Address: Eircode: <input type="text"/>	
<p>It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies. Does your child have any known allergic reaction to medication or food?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If yes, please provide details:</i></p> 	
Please give names and phone numbers of the people, other than parents/guardians, who have permission to collect your child from school. If there is any change to this routine please inform the school in writing.	
Name:	Phone number:
Name:	Phone number:
Name:	Phone number:
<p>School Emergencies/Sickness/Unexpected Closures, etc.</p> <p>The following information will be used by the school in the event of:</p> <ul style="list-style-type: none"> • Your child feeling sick • An emergency occurring while the school is in operation, making it necessary to close school. • An unexpected closure of the school. <p>Please provide the name and telephone number of two other people you nominate for us to contact to come and collect your child/children if the school is unable to contact you in these circumstances.</p>	
Name:	Phone number:
Name:	Phone number:
<p>Medical Details</p> <p>Does your child have any medical issues such as asthma, epilepsy, history of high temperatures/convulsions, vision, hearing or speech and language difficulties etc.?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

If you answered yes, please provide details below.

Medical Emergency/Accident

In the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a doctor/hospital and have any medical or surgical procedure deemed necessary or appropriate carried out. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may bring my child/children to a Doctor/Hospital if an emergency arises. Yes ☐ No ☐

Family Doctor:

Phone number:

Special Educational Needs

Does your child have any special educational needs?

Yes ☐ No ☐

If you answered yes, please provide details and any relevant reports.

Does your child currently attend/ has attended a Speech and Language Therapist/ Occupational Therapist?

Please provide name and contact details and attach any relevant reports.

Guardianship, Custody and Access Arrangements

Are there currently any Court Orders in place with regard to access to the child which we should be aware of? Yes ☐ No ☐

**please inform the school with regard to changes to any court appointed guardianship, custody and access arrangements as soon as possible and provide the relevant paperwork denoting the change*

Educational Screening Tests are carried out in the school on all children from Infants to 6th Class.

I allow my child undertake these tests. Yes ☐ No ☐

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 give permission for any necessary diagnostic tests to be carried out with my child.

Yes ☐ No ☐

I give permission to allow my child to attend the S.E.T teacher if deemed necessary.

Yes ☐ No ☐

I give permission to allow my child's photograph/image/work to be included in school-related activities, website, newspaper, competitions etc. Yes ☐ No ☐

I give permission for my child to take part in any tour or outing organised by the school.

Yes ☐ No ☐

I give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE (school nurse, doctor, dentist) etc. Yes ☐ No ☐

I acknowledge and accept the School's Code of Behaviour. Having discussed and explained same with my child, I agree to abide by same.

I wish to enrol my child _____ (child's name)

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

Signed: _____

Date: _____

Please return completed forms with a copy of your child's birth certificate to the school.