

St. Michael's NS.,
Cloonacool,
Tubbercurry,
Co. Sligo.
F91 TV07

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SCHOOL ENROLMENT FORM 2026/2027

PLEASE COMPLETE ENTIRE FORM IN BLOCK CAPITALS

Please note this form must be completed by a legal guardian

Date received:		(office use only)	
Please state the class you wish to apply for:			
PERSONAL DETAILS			
Name of Child (in full, as on Birth Certificate:			
Child known as:			
Address at which the child resides: (Include Eircode)		Eircode:	
PPSN Number:		Date of Birth:	
Gender:		Religion:	Parish:
Nationality		Country of Birth:	
Parent/Guardian 1 Details:		Parent/Guardian 2 Details	
Name:		Name:	
Occupation:		Occupation:	
Relationship to child:		Relationship to child:	
Mobile No:		Mobile No:	
Other No:		Other No:	
E-Mail: (essential for school communication)		Email:	
Place and Date of Baptism (if applicable):			
Distance from school (in kms):			
Distance and name of Pick-up point if different (in kms):			
Is the child living with both parents?			
No of children in Family? :			
Position of child in Family (1st, 2nd, 3rd etc) :			
Name of previous school if applicable:			
Roll Number of previous school if applicable:			
Name of brother/sister in St. Michael's N.S :			

EDUCATIONAL NEEDS

Has your child ever had an educational psychological assessment? <i>(If yes, copies of the reports/assessment must be attached)</i>	
Has your child ever attended Speech/language or Occupational assessment/ therapy? <i>(If yes, copies of the reports/assessment must be attached)</i>	
Has your child ever received Learning Support?	
Had your child been granted extra resources from NCSE?	
Does your child have an exemption from Irish? <i>(If yes, certificate must be attached)</i>	
Any other information relevant to your child in relation to educational needs?	

HEALTH

Name of child's G.P.:
Telephone No:
Has your child any health conditions, which may affect him/her at school?
Has your child any known allergies?
Is your child on any long-term medications? If so give details:
Does your child have any fears / phobias which may affect him/her at school?
Can you please list people whom you give permission to collect your child from school. We cannot allow your child to travel home with any individual, that is not listed on this form.
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*** In the event of any change in your child's health or possible allergic reactions please inform the school as soon as possible.**

<p align="center">SCHOOL EMERGENCIES/UNEXPECTED CLOSURES ETC</p> <p>If my child gets sick, or the school has to close unexpectedly, etc, and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child.</p> <p align="center"><u>PLEASE ENSURE ALL RELEVANT CONTACTS ARE CURRENT.</u></p>	
<p>CONTACT PERSON 1</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Tel No: _____</p>	<p>CONTACT PERSON 2</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Tel No: _____</p>
<p>In the event of a minor accident occurring during school hours please sign that you wish staff to give attention to minor cuts and grazes.</p> <p>Signed: _____</p>	
<p>In the event of a more serious accident please give consent to bring your child to either his/her doctor or casualty.</p> <p>Signed: _____</p>	
<p>In accordance with our Child Safeguarding Policy, in the event of a toileting accident we are unable to assist your child with changing of clothes, but we will contact you.</p> <p>Signed: _____</p>	

<p>Please forward one mobile phone number on which you can be contacted on for Text a Parent messages: _____</p> <p>Please be aware this is the number the school will utilise to send notifications etc.</p>

Please note that all school policies are available to download on <https://www.cloonacoolns.ie/>

In order to reduce the need for repeated requests for parental permission, please read, answer Yes or No and sign numbers 1 to 14 below:

1. Standardised Assessment Tests are carried out in the school on all children from 1 st to 6 th class. I allow my child to complete these tests.	
2. During your child's time in St. Michael's N.S., 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 my permission for any necessary diagnostic tests to be carried out with my child.	
3. I give my permission to allow my child to attend the SET Teacher, if deemed necessary.	
4. I give my permission to allow my child's photography/image to be included in school-related activities, competitions, website, etc.	
5. I give my permission to allow my family details (name, address, date of birth, etc.) to be given to HSE/DES (school nurse, doctor, dentist), etc.	
6. I give my permission to allow my child's previous school to release relevant school reports, psychological reports, medical reports, speech and language reports and all other relevant professional reports to St. Michael's.	
7. I agree to adhere to St. Michael's Healthy eating policy.	
8. I agree to St. Michael's N.S. acceptable usage policy (AUP) for internet use.	
9. I agree that my child will adhere to the St. Michael's Code of Behaviour.	
10. I agree my child will adhere to the St. Michael's Mobile phone policy.	
11. The ethos of the school is Catholic. I consent for my child to participate in a Religious Education class.	
12. I agree to my child participating and travelling by both public and private transport to events, extra-curricular activities and school tours during their time in St. Michael's N.S.	
13. Does any legal order exist under family law in relation to this child? If yes, a copy of the court order is required for the school.	
14. In the event of a whole school Church celebration, I agree to my child attending the Church.	

I declare the above information to be complete, correct and understand that it will be treated according to Data Protection Acts 1998/2003

Signed: _____

Date: _____

Should you wish to appeal any decision re Enrolment please refer to our Enrolment Policy