Maynooth Boys' National School Enrolment Form

Class Enrolling For: _____ **Proposed Commencement Date:** _____

Is the application for Croí na Coille (Special classes for boys with Autism)?   Yes ☐   No ☐

If **yes**, are you applying for: **Acorns** (Junior – 2nd Class) ☐   **Oaks** (3rd – 6th Class) ☐

Child's Details:

First Name_____ Last Name_____

Address_____

2 forms of proof of address must be provided (e.g. utility bill, bank statement, correspondence from State/Govt Dept)

Eircode_____ PPSN No. _____ DOB_____

Nationality_____ Religion_____Previous school/Classes (if any):_____

Home Phone No._____

Parents/Guardian's Information:

Mother/Legal Guardian:

First Name_____ Last Name_____

Mobile No._____Work No._____

Mother's Maiden Name_____

Address_____(If different from above)

E-Mail (print clearly) _____

Father/Legal Guardian:

First Name_____ Last Name _____

Mobile No._____Work No. _____

Address_____(If different from above)

E-Mail (print clearly) _____

With whom does the child normally live? Both Parents ☐ Mother ☐ Father ☐ Other_____

Text-a-Parent Mobile No._____
Please nominate which contact number for the text a parent service (for day-to-day school communication and notices)

In the event that neither parent/guardian is contactable, either of the following can be contacted:

(Please provide a minimum of 2 additional non-parent contacts, ideally this should be someone who lives in or nearby the Maynooth area)

Emergency Contact details	Contact 1	Contact 2
Name		
Relationship		
Phone Number		

Siblings currently in school in Maynooth BNS/Presentation GNS				
Name	1.	2.	3.	4.
Class				

Additional Information:

Has your child attended Pre-school/Montessori?   _Yes_ ☐   _No_ ☐

If Yes, please enter name of Pre-school/Montessori attended _____

**Does your child have any additional needs that the school should be aware of?** _Yes_ ☐   _No_ ☐

Professional reports must be provided. For applications to mainstream classes only, the Information supplied will not be used in the enrolment decision-making process but will allow for the allocation of resources to meet pupil needs.

Reports submitted as part of applications to Croí na Coille will be used to verify eligibility for admissions as per the school's enrolment policy.

Please tick the appropriate category/categories and provide details:

Physical ☐   Hearing/Vision Impairment ☐   Emotional/Behavioural ☐   Educational ☐

Autism Spectrum ☐   Speech and Language ☐   Medical ☐   Other ☐

Details of additional needs:

_____

_____

_____

_____

Previous Primary School attended (Applications for Senior Infants to 6th Class only):

Name_____Address_____

Roll Number_____   School Telephone No. _____Principal's Name_____

From_____ To_____ Current class(es)_____

Reason for leaving this school_____

Is/was your child in receipt of any of the following additional supports?

Support/Resource Teaching ☐   English Language Support (EAL) ☐   Special Needs Assistant ☐

If you have answered Yes to any of the above, please give details of the support received:

_____

_____

_____

**Please attach copies of the two most recent school reports and any other relevant records from previous school(s). School reports will not be used in the enrolment decision-making process.**

**Please ensure that you have completed all sections of the application form and attach the original of your son's Birth Certificate, 2 proof of address documents and any professional/assessments/reports.**

The Department of Education & Skills has developed an electronic database for Primary Schools. This will give the Department access to information that will enable it to provide grants and resources to schools and to plan for future provision in specific areas. The DES require a small amount of information to fully register your child on the Primary Online Database (POD). Could you please complete the form below.

*Pupil First Name*_____ *Pupil Surname*_____

*Address*_____

*Class*_____

Please tick just one box below	↓
Ethnic or Cultural Background	
White Irish	
Irish Traveller	
Roma	
Any other White Background	
Black or Black Irish African	
Black or Black Irish -Any other Black Background	
Asian or Asian Irish - Chinese	
Asian or Asian Irish – Any other Asian Background	
Other (inc. Mixed Background)	

I do not wish to share this information with the DES ❑

Please tick just one box below	↓
Pupil Origin (before this school)	
Childcare Setting - Pre-Primary Education/Early Start Programme	
Another Mainstream National Sch.	
Special School in Ireland	
Private Primary School (Ireland)	
School in Northern Ireland	
School abroad	
Home - Not in any school	
Other	

Please tick just one box below	↓
Religion	
Roman Catholic	
Church of Ireland (Anglican)	
Presbyterian	
Methodist, Wesleyan	
Jewish	
Muslim (Islamic)	
Orthodox (Greek, Coptic, Russian)	
Apostolic or Pentecostal	
Hindu	
Buddhist	
Jehovah's Witness	
Lutheran	
Atheist	
Baptist	
Agnostic	
Other Religions	
No Religion	

I do not wish to share this information with the DES ❑

Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English? ❑ **Yes** ❑ **No**

Language spoken at home if not Irish or English _____

I consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education & Skills and any other primary schools my child may transfer to during the course of their time in primary school.

Parent/Guardian Signature: _____ Date: _____

Parents' Checklist for Enrolment

Fully Completed Application Form above   ❑

Birth Certificate ❑   School Reports   ❑

Proof of Address (2) ❑   Other relevant reports   ❑