

The Red Door School

Monkstown Grove, Monkstown Avenue, Monkstown, Co. Dublin



Application for Enrolment Form (2024-2025 school year)

Name of Child (in full, as on Birth Certificate): _____

Address at which child resides: _____

Email address: _____

Date of Birth: _____ Child's PPS No: _____

Nationality: _____ Country of Birth: _____

If not born in Ireland, date on which child arrived in Ireland: _____

Parent/Guardian 1 Nationality: _____

Parent/Guardian 2 Nationality: _____

***If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.**

Parent 1 Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

Parent 2 Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

Guardian's Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

Is the child living with both parents? _____

Position of child in family (1st, 2nd etc.): _____ Number of children in the family: _____

Religious denomination (optional) : _____

Did you child attend preschool: _____ for how long:

Where? _____

Has your child ever had a psychological assessment? _____

Has your child ever received a speech and language report? _____

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Name of brother/sister in this school: _____

Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change to this routine **please inform the school in writing.**

Person who usually collects child(ren):

_____	Phone: _____
_____	Phone: _____
_____	Phone: _____
_____	Phone: _____

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours. If there is any change in this regard or if there is any other information which you think may be relevant **it is very important that the school is informed immediately.**

Other relevant information: _____

School Emergencies/Sickness/Unexpected Closures, etc.

The following information will be used by the school in the event of:

- Your child feeling sick
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils
- An unexpected closure of the school.

If my child gets sick, or the school must 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/children.

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Person the school will contact:

1. _____ 2. _____

Tel/Mobile: _____ Tel/Mobile: _____

Medical Emergency/Accident

That 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. 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.

Signed (Parent/Guardian):

List of Children: _____

Family Doctor (Only if you wish):

Doctor's Name _____ Telephone No: _____

Does your child/children have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school?

It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies.

Does your child/children have an allergic reaction to medication or food?

Is there any other relevant information about your child/children which we should know?

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I consent to my child's participation in the Stay Safe Programme

Parents Signature: _____

During your child's time in The Red Door School, 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.

Parents Signature: _____

I give permission to allow my child's photograph/image to be included in school-related activities, competitions, etc.

Parents Signature: _____

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.

Parents Signature: _____

I wish to enrol my child _____

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

Signed: _____

Date: _____

Please ensure that you have included a Birth Certificate with this form. These documents will be photocopied and returned to you.

Principals Signature: _____

Date: _____

Birth Cert Received: Yes: No:

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To be completed if your child is transferring from another primary school

Previous school: _____

Address: _____

Telephone: _____

What class was your child in when he/she left the school? _____

Have you enclosed a copy of the most recent school report?

Yes:

No:

N.B. All forms must be completed in full and returned to the school before a new pupil will be enrolled in the school. Proof of address must accompany application.

Enrolment Application Form

Birth Certificate

Note: We require reports from previous schools to meet the needs of your child.

Give details of any health conditions (e.g. asthma, eyesight, hearing, allergies, etc.) which may affect your child at school

Are there any specific equipment/resources that the school will require for your child?
