



Early Start Enrolment Form 2020 – 21

Child's Surname (please use block capitals)

Male

Female

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Child's First Name (please use block capitals)

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Date of Birth _____

PPS no.

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We ask this to validate the enrolment with the Department of Education and skills. This enables the department to gauge the need for school facilities in the future and to track the movement of pupils from school to school.

Address: _____

Utility bill provided Yes No

This is to validate the address to establish if your child is in the catchment area.

Mother's Full Name (please use block capitals)

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Mother's Phone Number: _____

Father's Full Name (please use block capitals)

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Father's Phone Number: _____

Text Number (for text messages sent from school to parents/guardians). _____

Emergency phone number _____

This person's relationship to the child _____

(in case the school needs to make urgent contact with parents/guardians and is unable to do so.)

Contact phone numbers and address are used primarily to facilitate communication with school and home, but are also shared with outside agencies such as Tusla or the HSE as required under the Children First Act 2015 or to facilitate health screening and vaccinations which are facilitated through school.

In the event that your child is offered a place please indicate below your preference for morning or afternoon. Please understand that we will not be able to accommodate everyone in the morning slot.

Morning

Afternoon

Is there a reason for choosing this option?

The information sought here is to assist the school in prioritising the children with the greatest need as there are usually insufficient places to meet demand.

Country of Birth of Child _____ Country of Birth of Mother _____

Country of Birth of Father _____ First language of home _____

Please tick the boxes that apply to your family situation.

Unemployment Yes No Prolonged illness of a parent Yes No

Single Parent/Widow Yes No Large family with inadequate means Yes No

Child has learning needs Yes No Is your child toilet trained? Yes No

Child is on long term medication Yes No

If yes please give details below

Did your child have a normal childhood development? Yes No

If no please give details below

Does your child have any allergies? Yes No

If yes please give details below

Brothers/sisters attend Scoil Nano Nagle Yes No

Brothers/sisters attend Talbot Senior School Yes No

Parents are past pupils of Scoil Nano Nagle Yes No

Parent's Education attainment Primary Junior Cert Leaving Cert 3rd Level

Child has been referred to outside agency (regarding for example, speech therapy, educational psychological assessment, social worker or behavioural concerns)

Yes No

If yes please give details

We will only use the information you have provided for the purposes stated on the form. If we need to use it for any other reason we will seek your permission.

I declare that the information is true and that I will inform the school of any relevant medical or contact details.

Signed: (Parent/Guardian) _____

Date: _____

Signed: (Parent/Guardian) _____

Date: _____

	<i>Please read each statement carefully and tick yes or no as appropriate.</i>	Yes	No
1	I agree to support all school policies, in particular the Code of Behaviour and the anti-bullying policies.		
2	My child may participate in the Stay Safe programme (child abuse prevention programme), Walk Tall programme (substance misuse prevention programme, Relationships and Sexuality programme (R.S.E.), Be Safe (National Safety Council). These programmes form part of the Social Personal and Health Education curriculum (S.P.H.E.)		
3	I agree to my child being included in school photographs/videos which may appear around the school premises, in the media and/or on the school website in which no identifying information shall be supplied e.g. names		
4	My child may use email and go on line for educational purposes, subject to the acceptable use policy of the school.		
5	My child may participate in short walks, simple field trips and trails around the school and local area under the supervision of a teacher.		
6	In case of a medical emergency, I give permission for my child to be taken to hospital by ambulance, if such action is required.		
7	In the event of my child transferring to another school, I consent to the forwarding of all school reports and other relevant reports / information to my child's new school.		

Signed: _____ Date: _____

Name of Child: _____

If you require further information on any of the above issues, please contact the principal or home/school teacher

Please Note:

Every year we are oversubscribed for Early Start. We do our best to be fair to everyone. According to Department of Education and Skill guidelines priority must be given to the children who are most at risk of not reaching their potential in the education system.

- **Applications will be accepted throughout the week beginning 3rd February 2020.**
- **Parents are asked to come to the hall on any morning of that week between 9.00am and 10.00am.**
- **Parents will be notified by 28th February if their application has been successful.**

No application will be accepted without the following.

- Evidence of PPS no. – it can be found on your child's medical card
- Evidence of age: Birth certificate or passport.
These will be photocopied and returned to you immediately at the time of application.
- Utility Bill (proof of address)

Age Criteria

A child must be 3 years of age and less than 4 years and 7 months on 1st September of the year they wish to enrol in Early Start.