



# St. Brendan's NS, Clonfert

Ballinasloe, Co. Galway, H53 EW70

Tel: 090 9675008

Email: [clonfertns17@gmail.com](mailto:clonfertns17@gmail.com)

Web: [www.clonfertns.ie](http://www.clonfertns.ie)

## Clonfert N.S Enrolment Form 2025/2026

This Application ***MUST*** be accompanied by your child's ***ORIGINAL*** birth certificate. The school will make a copy of the document(s) submitted and will return all of the original document(s).

### Student Information

<b>Pupil Forename</b>	<b>Pupil Surname</b>
<b>Birth Cert Forename</b> (if different from name above)	<b>Birth Cert Surname</b> (if different from name above)
<b>Date of Birth</b>	<b>Pupil Address (including Eircode)</b>
<b>County (or country) of Birth</b>	
<b>Nationality</b>	
<b>PPSN of Pupil</b>	<b>Religion</b>
<b>Parent 1/Mother Details</b>	<b>Parent 2/ Father Details</b>
<b>Name</b> (if applicable)	<b>Name</b>
<b>Mobile Number</b>	<b>Mobile Number</b>
<b>Address (if different from child's)</b>	<b>Address (if different from child's)</b>

## Emergency Contact

*In the event that your child becomes ill during school time, we will contact the parents. If either parent cannot be reached we will contact the emergency person.*

<b>Emergency Contact Person</b>	
<b>Emergency Contact No.</b>	
<b>Relationship to Child</b>	

*In the event of an accident/emergency the school will seek medical attention for your child should they be unable to make contact with any of the people listed above.*

<b>Name of Family Doctor</b>	
<b>Family Doctor Telephone</b>	

## Medical Information

Please circle as appropriate		Comment
<b>Referral to Other Agencies</b> <i>Has your child been referred to any outside agency (e.g. speech therapist, specialist, psychologist)</i>	Yes No	
<b>Has your child any difficulties with any of the following?</b>		
<i>Hearing</i>	Yes No	
<i>Vision</i>	Yes No	
<i>Speech</i>	Yes No	
<i>Physical co-ordination</i>	Yes No	
<b>Has your child any medical conditions?</b>	Yes No	
<b>Has your child any allergies?</b>	Yes No	
<b>Does your child need medication at school?</b>	Yes No	
<b>Any Other Relevant Information?</b>	Yes No	

*Please inform the school as soon as possible, if your child has any Special Educational Needs, so the necessary supports can be put in place to ensure your child has a successful transition to Clonfert N.S.*

## Additional Information

Who does your child reside with? Please tick	
Both parents	
Parent 1/Mother	
Parent 2/Father	
Guardian	

Name and class of siblings already in the school	
Name:	Class:

## Text a Parent Information

Please indicate (tick) which phone should receive the text messages from the school.			
Parent 1/Mother Phone		Parent 2/ Father Phone	
Both			
If you change your mobile phone number during the year, please inform us immediately.			

## Email Details

Please indicate (tick) which email(s) should receive correspondence from the school.		
	<i>Tick</i>	<i>Email Address</i>
Parent 1 /Mother's Email		
Parent 2/Father's Email		
If you change your email during the year, please inform us immediately.		

## School Collection

Who do you consent to collecting your child from school? Please give details below

## Education

<b>Pre-School Attended</b>	<b>Yes</b>	<b>No</b>
<b>Name of School</b>		
<b>From - To</b>		

## Children transferring from another school

Children transferring from another school will need to supply: <ul style="list-style-type: none"><li>• <i>Name./ Address/ Principal of last school attended</i></li><li>• <i>School Report (if applicable)</i></li><li>• <i>Psychological or other assessments (if applicable)</i></li></ul>	
<b>Name of School</b>	
<b>Address of School</b>	
<b>Principal</b>	
<b>Phone Number of School</b>	



# St. Brendan's NS, Clonfert

Ballinasloe, Co. Galway, H53 EW70  
 Tel: 090 9675008  
 Email: [clonfertns17@gmail.com](mailto:clonfertns17@gmail.com)  
 Web: [www.clonfertns.ie](http://www.clonfertns.ie)

## Parental Permission Form

Each year, we ask your permission for your child to participate in certain activities. In order to cut down on unnecessary paperwork and simplify record-keeping, we have decided to include as many permissions as possible on one sheet. Please read carefully each of the items below and tick the relevant box. Not all items may be relevant to your child this year, but they probably will be at some stage in the future. If you have any concerns regarding any of the items below please feel free to contact the class teacher or principal. You will still get notified of these activities when the time comes.

<b>I hereby give permission for my child in relation to the following:</b>	<b>Yes</b>	<b>No</b>
Go on school tours, local educational visits/field trips and participate in school activities (e.g. Clonfert community hall, Clonfert church, matches, swimming, quizzes, cycling etc.)		
Do you give consent to use your child's name or photo or work in relation to publicising school events and activities in our newsletter, appearing on our website, our Facebook page and similar publications? Images may be of individuals or groups (Name and photo will not go together publically, unless specifically requested by parent).		
The school teachers 'Stay Safe' lessons on personal safety and protection and RSE (relationships & sexual education) lessons on developing and changing. Both are recommended and vetted by the Department of Education and Skills. Lessons are developed using suitable content and appropriate language for each class. Can your child participate in these lessons?		
Do you give permission for your child to be taken immediately to a doctor or hospital in case of serious illness/accident? (In a non-emergency it is the school's policy to inform parents/guardians if their child has had an accident in school which may require them to collect their child and take him/her home or to hospital or doctor). In an emergency it may be necessary to take the child to hospital/doctor and inform parents/guardians afterwards.		
Do you give permission for your child to make his/her First Holy Communion (2 <sup>nd</sup> class)?		
Do you give permission for your child to make his/her Confirmation (5 <sup>th</sup> & 6 <sup>th</sup> class)?		
On occasion we administer 'Diagnostic tests' (e.g. Neale analysis, MIST, Belfield Infant Screening, NRIT) to discover the educational progress of pupils. Should any concerns arise following these tests we will contact you. Do you agree to this?		
Sometimes the school is requested to pass on names of children and their addresses to the HSE for immunisation purposes, to secondary schools when children are transferring to second level, to sporting bodies when children are taking part in games outside the school. Do you allow the school to pass on this information to these three bodies?		
I consent to all relevant information pertaining to my child to be stored on the Department of Education and Skills Pupils on-line Database (POD).		

Name of Child \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_



**St. Brendan's NS, Clonfert**  
 Ballinasloe, Co. Galway, H53 EW70  
 Tel: 090 9675008  
 Email: [clonfertns17@gmail.com](mailto:clonfertns17@gmail.com)  
 Web: [www.clonfertns.ie](http://www.clonfertns.ie)

**Department of Education and Skills Primary Online Database**

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. Both religion and ethnic and cultural background are special category data under the General Data Protection Regulation (GDPR). These questions are optional. While these questions are optional, the information would be very useful to the Department for statistical and research purposes. Aggregated information on Ethnic/Cultural background will be used to track the progress of these groups, and to compare their progress with other groups, thereby identifying gaps in the system and assisting in the development and implementation of appropriate policies and interventions. Aggregated information on religion will be used for statistical purposes only. Parents/guardians are asked, if they wish to do so, to identify their children's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. This page of the form will be retained by your primary school.

**Name of pupil:** \_\_\_\_\_

<i>Please tick one box</i>	
<b><u>Ethnic or Cultural Background</u></b>	
White Irish	
Irish Traveller	
Roma	
Any other white background	
Black or Black Irish African	
Balack or Black Irish-Any other Black Background	
Asian or Asian Irish-Chinese	
Asian or Asian Irish-Any other Asian Background	
Other (incl. Mixed background)	

<i>Please tick one box</i>	
<b><u>Religion</u></b>	
Roman Catholic	
Church of Ireland (Anglican)	
Presbyterian	
Methodist	
Jewish	
Muslim (Islamic)	
Orthodox (Greek, Coptic, Russian)	
Apostolic or Pentecostal	
Hindu	
Buddhist	
Jehovah's Witness	
Lutheran	
Atheist	
Baptist	
Agnostic	
Other religion	
No religion	

Is one of the pupil's mother tongues (ie 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.

Signed: \_\_\_\_\_

Parent/Guardian

Signed: \_\_\_\_\_

Parent/Guardian

Date: \_\_\_\_\_

**Please complete this form and return to your primary school.**

For further information on POD please go to the Department of Education and Skills website [www.education.ie](http://www.education.ie)



## **Acceptable Use Policy of Clonfert N.S.**

### Permission Form

Name of Student: \_\_\_\_\_

Class: \_\_\_\_\_

Please review the school's Internet Acceptable Use Policy which is available to view on our website [www.clonfertns.ie](http://www.clonfertns.ie) and sign and return this permission form to the Principal.

As the parent or legal guardian of the above student, I have read the Acceptable Use Policy and grant permission for my son or daughter or the child in my care to access the Internet.

I understand that Internet access is intended for educational purposes. I also understand that every reasonable precaution has been taken by the school to provide for online safety but the school cannot be held responsible if students access unsuitable websites.

In relation to the school website, I accept that, if the school considers it appropriate, my child's schoolwork may be chosen for inclusion on the website.

I understand and accept the terms of the Acceptable Use Policy relating to publishing students' work on the school website.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_