

Before you return the application to the Principal's Secretary, have you enclosed the following (please tick)?

1. Application for Enrolment form including 1 passport size photograph.

Yes  No

2. Photocopied State Birth Certificate (this will not be returned). Baptismal not acceptable

Yes  No

3. Letter of consent to have your daughter seen by a NEPS psychologist in the event of a critical incident.

Yes  No

4. Internet Acceptable Use Permission Form

Yes  No

**Declaration**

I have read the school regulations and will co-operate fully in their implementation.  
(Please tick relevant box)

Yes  No

In the event of illness or injury and in the event that you cannot be contacted I give permission for school personnel to refer my daughter to a doctor.

Yes  No

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

Pupils Name: (BLOCK) \_\_\_\_\_

Dated: \_\_\_\_\_

## Application for Enrolment

**I wish to enrol my daughter as a pupil at Scoil Mhuire, Trim  
for September 2011.**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSERT  
PASSPORT  
SIZE  
PHOTO  
HERE

Date of Birth: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Previous School: \_\_\_\_\_ P.P.S. No: \_\_\_\_\_

The inclusion of the **PPS number is essential** in processing your daughter's enrolment

Mothers Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Mothers Maiden Name: \_\_\_\_\_ Past pupil of Scoil Mhuire Yes  No

Fathers Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Please write down which **mobile number** is most convenient for communicating  
information with you through our text messaging service: \_\_\_\_\_

Parish: \_\_\_\_\_ Distance from School: \_\_\_\_\_

No of children in family: \_\_\_\_\_ Place in family: \_\_\_\_\_

Please name sister(s) who are attending or who have attended Scoil Mhuire, Trim:

\_\_\_\_\_  
\_\_\_\_\_

**Health**

Name of Family Doctor: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Medical Card Holder: Yes  No

Please note any serious illness, accident, operation medical condition, allergy, or regular treatment or medication of which the school should be aware.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and telephone number of other person to be contacted in case of emergency if parents cannot be contacted: \_\_\_\_\_

**Educational Needs**

Does your daughter have any special educational needs? Yes  No

Is there a Psychological assessment available? Yes  No

Is your daughter exempt from Irish? Yes  No

Date this exemption was granted? \_\_\_\_\_

Did your child receive Learning Support? \_\_\_\_\_

Any other relevant information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parents/Guardians: (1) \_\_\_\_\_ Dated: \_\_\_\_\_

(2) \_\_\_\_\_ Dated: \_\_\_\_\_

To be returned to Scoil Mhuire before **Friday 26<sup>th</sup> November, 2010.**  
Late applicants will be considered **only** after other applications have been dealt with.

## **Scoil Mhuire Internet Acceptable Use Permission Form**

Please review the school Internet Acceptable Use Policy, sign and return this permission form to the Principal.

Name of Pupil: \_\_\_\_\_

Class/Year: \_\_\_\_\_

### Pupil

I agree to follow the school's Acceptable Use Policy on the use of the Internet. I will use the Internet in a responsible way and obey all the rules explained to me by the school.

Pupil's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

### Parent/Guardian

As the parent or legal guardian of the above pupil, I have read the Acceptable Use Policy and grant permission for my 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 pupils access unsuitable websites.

I accept the above paragraph  I do not accept the above paragraph   
(Please tick as appropriate)

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 children's work on the school website.

I accept the above paragraph  I do not accept the above paragraph   
(Please tick as appropriate)

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

October, 2010.

**Dear Parent/Guardian,**

Scoil Mhuire has developed a plan for responding when a tragedy occurs.

When such an event happens, schools are offered support by psychologists from the National Educational Psychologists Service (NEPS), an agency of the Department of Education and Science. If we feel it is necessary, we would like to be in a position to have your child seen by the psychologist who can offer advice and support.

Before any child is seen by a NEPS psychologist parental consent is usually required. We will make every effort to obtain this. However, in the unlikely event of being unable to contact you, we are writing to seek your consent to your child being seen by a member of NEPS as part of our school's immediate response. This is to allow us to support your child in the best way possible. Your child may be seen individually, in a small group or as part of a class group.

If you wish to discuss this, please contact me at your convenience.

Yours sincerely,

\_\_\_\_\_  
Jacqueline Maher  
Principal

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Please fill in the form below confirming that you have read this letter and stating whether **you wish** or **do not wish** to have your child seen by a NEPS psychologist and return to the school.

I have read this letter and

**I wish to have** \_\_\_\_\_ seen by the NEPS psychologist.

**I do not wish to have** \_\_\_\_\_ seen by the NEPS psychologist

Parents/Guardians Signature \_\_\_\_\_ Dated: \_\_\_\_\_