



First Year 2022 2023 Enrolment Form

Coláiste Muire

Presentation Brothers Schools Trust

021 4813800
colaistemuire.com
info@colaistemuire.com

Attach 2 Photos Please

Parents/Guardians are responsible for notifying Coláiste Muire of any change of address or telephone.

Surname of pupil as on birth cert: _____

First name(s) as on birth cert: _____

Name by which pupil is generally known if different: _____

Date of Birth _____ Sex (Male/Female) _____

Pupil's PPS No. _____ (Available from the Dept. of Social & Family Affairs)

Nationality: _____

Religious denomination of pupil: _____

Pupil's current school: _____

Details of siblings who are presently attending Coláiste Muire: (Give Year Group/s). If surname is different, please outline relationship.

Names & Dates of Birth of sibling/s who were past pupils of Coláiste Muire. (Include year of entry and of leaving Coláiste Muire) If surname is different please outline relationship.

Applicant's Position in Family: _____

(i.e. eldest, 2nd child, youngest, only child, etc.). **This answer must not be left blank please.**

A separate declaration must be signed by both parents or by official guardian/s, where an applicant is designated as eldest child.

Details of Mother:

Full Name: _____ Maiden Name if applicable: _____

Daytime Telephone No: _____

Mobile phone No. _____

Email address _____

If Mother is past pupil of Coláiste Muire, year of entry/leaving is required: _____

Details of Father:

Full Name: _____

Daytime contact no: _____

Mobile phone no. _____

Email address _____

If Father is past pupil of Coláiste Muire, year of entry/leaving is required: _____

Home Address of Applicant:

Home Telephone No: _____

Address of second parent (state which parent) if different from home address of applicant:

If parents live at separate addresses, please state which parent is to receive;

1. School reports: _____

2. General school correspondence: _____

This question is applicable only to students who have legal guardian/s

Full Name of Legal Guardian/s: _____

Occupation: _____

Daytime Telephone No: _____

Mobile phone No. _____

Email address _____

Medical Conditions or Special Educational Needs:

If the pupil has any disability, ongoing medical conditions, or special educational needs, please state them below (A separate page may be included, if preferred, in an envelope addressed to The Principal, Coláiste Muire). In the case of special educational needs, please include details of support measures which have been provided in primary school. Please enclose all relevant documentation such as medical or educational psychological reports, details of resource hours at primary school from the Department of Education and Skills.

Does applicant have official exemption from Irish in primary school?: _____

If yes, state date granted. (Include copy with enrolment application): _____

Important Information for Parents/Legal Guardians/Applicants: Signature Required

This enrolment form must be **fully completed** and returned to the Coláiste Muire School Office together with:

1. Copy of applicant's birth certificate.
2. The signatures of the applicant and signatures of parents or legal guardian/s stating:
 - I commit myself to uphold the school's Code of Behaviour, its ethos and policies, if a school place is offered.
 - I consent to Coláiste Muire holding the data on this form and sharing on a confidential basis with the Department of Education & Skills and relevant other bodies (see next paragraph)
3. Signed Form of Consent (Consent to the release of relevant data by the Primary School Principal to the Principal of Coláiste Muire)
4. Declaration re eldest child if applicant is designated as eldest child. The declaration **must** be signed by **both** parents/official guardians, where an applicant is designated as eldest child
5. First payment to book rental scheme, lockers, insurance, journal etc, is €130 (payable upon accepting a place). Final payment of €60 is due on or before 1pm Friday 3rd June 2021. This includes the voluntary contribution component is €30 and €15 respectively.

The school is a Data Controller under the Data Protection Acts 1998 and 2003. Personal data supplied on this form is used for the purposes of student enrolment, registration, administration, pupil database, child welfare and to meet any other legal obligations. While the information provided will generally be treated as confidential to the school, it may be necessary for the school to exchange personal data on a confidential basis with other bodies including the Department of Education and Skills, Department of Social and Family Affairs, An Garda Síochána, the Health Service Executive, National Educational Welfare Board. Contact details may also be used to notify you of school events and activities. The information you provide should be accurate. Please notify the Principal should you wish to update or access your child's personal data.

Consent Form Sensitive Data & Educational Reports

Consent re Sensitive Personal Data for the School's October Returns to the Department of Education and Skills: Certain sensitive personal data which the Department asks post-primary schools to furnish via the "Annual Post-Primary School October Return/Examination Entries" process requires your written consent for your child's school to record this information and for the school to forward this information to the Department for purposes as outlined in circular 0047/2010 a copy which is available at www.education.ie, or on request from your child's school. Please note that the reference to "you" in this consent form means a parent or a guardian of a student, or a student aged 18 years and over who is attending a recognised post-primary school.

Please enter the following details in **BLOCK CAPITALS**

Name of Student: _____

1. **Do you or your child possess a medical card?**
(please **CIRCLE** the appropriate answer)

YES **NO**

2. **Is your child a member of the Traveller Community *?**
(please **CIRCLE** the appropriate answer)

YES **NO**

* "Traveller Community" means the community of people who are commonly called Travellers and who are identified (both by themselves and others) as people with a shared history, culture and traditions including, historically, a nomadic way of life on the island of Ireland. Section 2(1) of the Equal Status Act, 2000

Consent re Data from Primary School/s: I Consent that the Principal of Colaiste Muire may receive data/educational results/reports from the Principal/s of Primary School and relevant professionals.

Signed by: _____

Parent/s/Guardian/s

Date: _____

This form will be retained by the post-primary school and will be made available for inspection by authorised officers of the Department or from the Office of the Data Protection Commissioner.

If offered a place we undertake for ourselves and for the applicant to uphold the ethos of Coláiste Muire and to observe the Code of Behaviour, school policies and regulations of the school. By signing this form, parents/guardians and pupils over 18 indicate their consent to the information on this form being held by the school and to it being shared with the Department of Education and Skills and other bodies on a confidential basis.

Signature of Parents/ Legal Guardians/Applicant

Signature 1: _____

Relationship to applicant:

Signature 2: _____

Relationship to applicant:

Signature of Applicant: _____

PLEASE ENSURE THAT YOU HAVE COMPLETED EVERY QUESTION IN THIS FORM