



**1<sup>st</sup> year 2023 2024 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.

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

**Admission to Special Class / 'Homeroom':**

**Is this this application for a pupil with a diagnosis of ASD meeting DSM IV/V or ICD-10 diagnostic criteria?**

*(Please **CIRCLE** the appropriate answer)*

YES

NO

**Students must also have a written recommendation for placement in an ASD special class in a mainstream secondary school setting.**

**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

First payment to book rental scheme, lockers, insurance, journal etc, is €160 (payable upon accepting a place). Final payment of €80 is due on or before 1pm Friday 2nd June 2023. The voluntary contribution component is €40 and €20 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](http://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**