DOOLIN NATIONAL SCHOOL

Doolin, Co. Clare

Telephone & Fax: 065-7074403

Roll number: 17517I  
email: [doolinns@gmail.com](mailto:doolinns@gmail.com)

Website: [www.doolinns.com](http://www.doolinns.com)

Principal: Ms. Michelle Moroney

Doolin, Co. Clare

Telephone & Fax: 065-7074403

Roll number: 17517I  
email: [doolinns.ias@eircom.net](mailto:doolinns.ias@eircom.net)

Website: [www.doolinns.com](http://www.doolinns.com)

Principal: Ms. Michelle Moroney

1st February 2021

Dear Parents/Guardians,

**Re: Enrolment 2021-2022**

Enclosed please find the following in respect of your child’s enrolment to Doolin National School:

* Application for Admission of New Pupils
* Schedule

Please return Enrolment forms to the school on or before **Friday, 26th February 2021.**

If your child requires school transport please visit the school transport section of the Bus Eireann website [www.buseireann.ie](http://www.buseireann.ie).

If you have any queries please do not hesitate to contact me.

Looking forward to meeting you in the near future.

Yours sincerely,

Michelle Moroney

Principal

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**APPLICATION FOR ADMISSION OF NEW PUPILS: YEAR 2021-2022**

**CHILDS INFORMATION**

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Irish Version of Childs Name (Otherwise school will translate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **P.P.S:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Male: 🞎 Female: 🞎**

**Nationality:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Religion:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRESCHOOL/PREVIOUS SCHOOL**

Has your child attended preschool/previous school: **Yes: 🞎 No: 🞎**

If yes state name and address of previous school/preschool: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If transferring from another primary school please enter child’s current class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTAL INFORMATION**

Mothers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fathers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (If different from above) Address (If different from above)

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

Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does any Legal Order under Family Law exist that the school should know about: \_\_\_\_\_\_\_\_\_\_\_

**Text a Parent:** Doolin NS contacts parents/guardians of our pupils at times by text message, please include your preferred number for receiving text messages here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address for correspondence**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

Medical conditions we should know about: - Please tick

1. **Speech** 🞎  **Hearing 🞎 Sight 🞎 or other difficulties 🞎**
2. **Medical Conditions:** Asthma 🞎 Epilepsy 🞎 Heart conditions 🞎 Diabetes 🞎 Other 🞎
3. **Allergies:** Wasp Stings🞎 Food 🞎 Other Allergies 🞎

Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Emotional Problems:** 🞎 Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Laterality:** Right Handed 🞎 Left Handed: 🞎 Mixed: 🞎
3. **Additional Information:** Please give details and specify any condition not listed above which might be considered to affect the child’s ability to benefit from school. If there are any medical reports in relation to any of the above, could you please supply copy of same:

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

1. **Has there been any major trauma in your child’s life:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Family doctor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Arrangements to be made if the child is ill in school:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact in case of emergency**:   
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH SERVICES EXECUTIVE (H.S.E.)**

The H.S.E. seeks information from the school regarding the children’s names, date of birth etc This information is gathered for the purpose of providing vaccinations, dental and health checks. Do you give permission to the school to pass on this information: **Yes 🞎 No 🞎**

**If there is any other factor or change, which may affect your child while in school, please let us know as soon as possible.**

**SCHOOL PERMISSIONS**

**Permission to go on out of school activities/trips** During the course of the year, classes normally undertake a variety of different activities outside the school premises e.g. visit the church, go on local nature trails, swimming classes etc. When we take the children on these outings we increase the level of supervision to meet the needs of the particular activity. We are seeking your consent for all these different out of school activities which may take place over the course of the school year.

Permission granted 🞎 Permission withheld 🞎

**Use of pupils’ photographs:** The school maintains a database of photographs of school events held over years. It has become customary to take photos of students engaged in activities and events in the interest of creating a pictorial as well as historical record of life at the school. Photographs may be published on our school website, newsletter, local and national newspapers and similar school-related productions. In the case of website photographs, student names will not appear on the website as a caption of the picture.

Permission granted 🞎 Permission withheld 🞎

**Volunteers:** From time to time parents are invited into the school to help the teacher. We are seeking your permission to allow your child to take part in school activities, which are instructed by the teacher and assisted by a parental volunteer(s).

Permission granted 🞎 Permission withheld 🞎

**Stay Safe Programme/RSE Programme:** I understand that participation in the Stay Safe Programme is compulsory and accept my child’s participation in the Stay Safe/RSE Programmes.

**I have expressed my wishes in all areas mentioned above, should anything change I will notify the school in writing when the situation arises.**

**GENERAL DATA PROTECTION REGULATION (G.D.P.R.)**

The school may share personal pupil data with other organisations such as HSE, Tusla, An Garda Síochána etc where there is a legal basis for doing so under GDPR

**THE FOLLOWING DOUCMENTS MUST ACCOMPANY THIS FORM**

**Birth cert 🞎**

**Baptismal Cert 🞎 *(if Roman Catholic and baptised outside Doolin/Lisdoonvarna/Kilshanny Parish)***

**DECLARATION**

**We wish to enrol my son/daughter as a pupil of Doolin National School. We will cooperate with the staff and support the ethos of the school:**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(PARENTS/GUARDIANS)**

|  |
| --- |
| **Schedule**  Doolin National School is a Roman Catholic School (which is established in connection with the Minister) aims at promoting the full and harmonious development of all aspects of the person of the pupil: intellectual, physical, cultural, moral and spiritual, including a living relationship with God and with other people.  The school models and promotes a philosophy of life inspired by belief in God and in life, death and resurrection of Jesus Christ.  The Catholic School provides Religious education for the pupils in accordance with the doctrines, practices and tradition of the Roman Catholic Church and promotes the formation of the pupils in the Catholic Faith. |