

St Patrick's Infants N.S.,
Gardiner's Hill,
Cork
T23DP7K



Scoil Phádraig Naofa
(Naíonáin),
Cnoc Ghairdnéir,
Corcaigh.

Uimhir Rolla: 18154D

Tel: 021 - 4551593

Email: office@stpatricksinfants.ie

Please return the completed form (in **BLOCK CAPITALS**) accompanied by your child's **Original Birth Certificate** and **any relevant reports** to the school which will be copied and kept on file. Any information you give on this form will be treated in the strictest of confidence.

Child's Full Name (as per birth cert):		Proposed month and year of enrolment: e.g. Academic year 2024/2025	
Proposed Class of Enrolment:			
Junior Infants <input type="checkbox"/>		Senior Infants <input type="checkbox"/>	
Special Class (Junior/Senior Infants only) <input type="checkbox"/>			
PPS No:		Date of birth:	
Home address:		Eircode:	
Nationality:		Religion:	
Year of arrival in Ireland if born outside the state:			
Ethnic or Cultural Background:			
Mother's name: Address:		Mother's Nationality:	Present occupation:
Mother's Mobile No:			
Mother's email address:			

Father's name: Address: Father's Mobile No: Father's email address:		Father's Nationality:	Present occupation :
Is your child male/female?	Number of boys in the family:	Number of girls:	Position of child in your family: (1st, 2nd, 3rd, etc):
Names of siblings who attended or attend Saint Patrick's Schools:			
Current Educational Setting: <i>Name of Early Intervention Setting/Preschool Setting/ Mainstream Primary School Setting:</i>			
How many years has your child been in that setting?			
Did or does your child have an AIMS worker in preschool?			
Previous School (if any) Name: Class:			
Has your child ever been referred to/attended a psychologist? Yes <input type="checkbox"/> No <input type="checkbox"/> Is there a recommendation in an assessment report for your child to be placed in a Special Class? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please give details:			

Languages

Is English your child's first language (spoken at home)? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, please list languages spoken at home: _____

Services/Referrals

Has your child ever been referred to/attended the following services or been recommended to attend the following services?

- Public Health Nurse: **Yes** **No** (Please give details in the box below.)
- Dietician: **Yes** **No** (Please give details below.)
- Speech and Language Therapy: **Yes** **No** (Please give details below.)
- Audiology Services: **Yes** **No** (Please give details below.)
- Ophthalmic or Eye Testing Services: **Yes** **No** (Please give details below.)
- Paediatric Services: **Yes** **No** (Please give details below.)
- Occupational Therapy: **Yes** **No** (Please give details below.)
- Physiotherapy: **Yes** **No** (Please give details below.)
- Early Intervention: **Yes** **No** (Please give details below.)
- Assessment of Need: **Yes** **No** (Please give details below.)
- Cork Disability Network Team: **Yes** **No** (Please give details below.)
- Social Work Team: **Yes** **No** (Please give details below.)

What outside agencies/services is your child engaging with currently? e.g. OT, Speech & Language

Please give details of the service i.e. therapist/consultant name, along with a copy of any reports or referrals received.

Were there any medical issues that you can make us aware of before your child was born or after your child was born?

Does your child have any health conditions? e.g. physical, emotional, allergies, hearing, vision, epilepsy, diabetes, etc.

Yes **No** (Please give details below.)

Does your child have any care needs? (see care needs below) Yes **No**

Medical diagnosis: Yes **No**

Epilepsy: Yes No

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Mobility issues: Yes No

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Issues eating independently and/or requires assistance to be fed by spoon or PEG: Yes No

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Toileting – catheterised or may need changing due to incontinence: Yes No

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Orientation – blindness or uses walking frame: Yes No

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Severe communication difficulties: Yes No

- non-speaking
- uses augmentative communication like PECs, Braille, ISL

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Requires frequent interventions including withdrawal such as de-escalation of behaviours of concern:

Yes No

Name, address and phone number of Family Doctor:

If you would like to make us aware of any family history (which relates to the above and for example ADHD, dyslexia, autism, etc.) please give details below.

In case of an accident or an emergency do you consent to the local doctor and/or a Staff Member to administer First Aid? Yes No

Are you a Medical Card Holder? Yes No

In case your child should become ill and there is no one at home, please give the name/address/phone number of 2 adults or members of your family we could contact.

Name of contact person :	Telephone:
Address:	
Name of second contact person:	Telephone:
Address:	

Name of persons who have permission to collect your child **FROM** school:

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Please note that for any arrangements on any given day other than the above you must contact the school by phone or Aladdin.

Please **TICK the box** if you give permission for the following:

Transfer of data to the school to which my child will transfer in order to facilitate effective transition of educational provision. (National Schools)

Internet Access (in a class situation under the supervision of the class teacher)

My child's image (group setting)/art work, etc. to appear on the school website/school Facebook page, press/media photos

Participation of my child in educational trips and tours

Where in the event of an emergency, parents/guardians are contacted by phone and if immediate contact is not made the teacher will assume the right to authorise emergency treatment

I give permission to Saint Patrick's Infants N.S. to:

- Contact my child's preschool(s)/previous school(s)
- Contact other agencies and services, e.g. therapists, psychologists, medical services, social services in relation to my child
- Administer screening tests to my child such as the *Belfield Infant Assessment Profile* in Junior Infants and the *Middle Infant Screening Test (MIST)* in Senior Infants
- Give additional support to my child from a support teacher as part of the continuum of support model (classroom support, school support for some, school support plus)
- Give additional support to my child from English as an Additional Language teacher
- Contact Primary Care/Disability Network in relation to my child

Should further support (*Schools Completion Programme, Maths Recovery, Reading Recovery*) be required, written consent will be requested from you.

Occasionally the school psychologist (NEPS) and/or other services may be contacted by the school. Teachers may wish to seek advice on issues around your child's educational progress or other matters (emotional regulation, behaviour, social skills, etc.). Should further involvement of these services be necessary you will be contacted and your written consent will be requested by the school.

It is compulsory under Department of Education guidelines that every school participates in the **Relationships and Sexuality Education programme and STAY SAFE programme** in the context of Social Personal and Health Education. If you wish to review these programmes please contact your child's Class Teacher and further information will be provided.

School Attendance

Under the *Education Welfare Act (2000)* you must make sure that your child attends school regularly. When your child is absent from school for any reason you must notify the school of the reasons for the absence. The Education Welfare Services are responsible for promoting and monitoring school attendance. The school must inform the Education Welfare Services when a pupil is absent for more than 20 days in a school year or in some cases when a pupil is not attending regularly. In cases of serious non-attendance an Education Welfare Officer will make all reasonable efforts to ensure regular school attendance. The Education Welfare Service has produced a leaflet for parents entitled '*Don't let your child miss out (on a good start in life!)*'. It is available to download from www.tusla.ie

The above information is true to the best of my knowledge. I am aware that it may be stored online and/or on file by the school. A full copy of the school's Code of Behaviour and Policies are available for viewing in reception and on the school's website.

I and my child/children agree to abide by the school's Code of Behaviour.

I agree to use Aladdin (app on a smart phone and/or Aladdin on a PC) for school communication purposes.

Signed: _____(Parent/Guardian)

Signed: _____(Parent/Guardian) Date: _____

Mobile Number(s) for the Text a Parent System:	Email address(es) for communication between school and parents/guardians:
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This registration form must be accompanied by a copy of the original birth certificate (school office can copy if needed) and PPS Number.