



ST. TERESA'S NATIONAL SCHOOL KILLOE
Clontumpher, Ballinalee, Co. Longford N39 EW95

Telephone: 043 3323352
Roll No.: 19279F

E-Mail: office@killoens.ie
Website: www.killoens.ie

APPLICATION FOR ENROLMENT – SEPTEMBER 2026

CHILD'S FIRST NAME: _____ CHILD'S SURNAME: _____

IRISH VERSION IF KNOWN: _____ DATE OF BIRTH: _____

MALE ☐ FEMALE ☐ PPS NUMBER: _____

NATIONALITY: _____ COUNTRY OF BIRTH: _____ FIRST LANGUAGE OF HOME: _____

FULL POSTAL ADDRESS: _____

_____ EIR CODE: _____

(Note: This address will be used for all postal correspondence regarding your child)

TO WHICH ETHNIC OR CULTURAL BACKGROUND DOES YOUR CHILD BELONG (Please tick one)

White Irish	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>	Roma	<input type="checkbox"/>
Black or Black Irish African	<input type="checkbox"/>	Black or Black Irish – Any Other Black background	<input type="checkbox"/>	Other (<i>Incl. Mixed background</i>)	<input type="checkbox"/>
Other White background	<input type="checkbox"/>	Asian or Asian Irish – Any other Asian background	<input type="checkbox"/>	Asian or Asian Irish – Chinese	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	NO CONSENT	<input type="checkbox"/>

WHAT IS YOUR CHILD'S RELIGION? _____ WILL YOUR CHILD RECEIVE THE SACRAMENTS? YES ☐ NO ☐

I consent for the sensitive personal data in the questions above to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school. For further information on POD, please go to the Department of Education & Skills' website www.education.ie

Signed: _____
Parent/Guardian

Signed: _____
Parent/Guardian

MOTHER'S DETAILS

FIRST NAME: _____

SURNAME: _____

MAIDEN NAME: _____

ADDRESS: _____
(If different from above)

MOBILE NUMBER: _____

WORK NUMBER: _____

EMAIL: _____

OCCUPATION: _____

LEGAL GUARDIAN: YES ☐ NO ☐

FATHER'S DETAILS

FIRST NAME: _____

SURNAME: _____

ADDRESS: _____
(If different from above)

MOBILE NUMBER: _____

WORK NUMBER: _____

EMAIL: _____

OCCUPATION: _____

LEGAL GUARDIAN: YES ☐ NO ☐

EMERGENCY CONTACT OTHER THAN PARENTS (if child has to be taken home unexpectedly)

Name	Relationship to Child	Contact Number
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DOES THE CHILD HAVE SIBLINGS ATTENDING THIS SCHOOL? YES ☐ NO ☐

NAME: _____ CLASS: _____ NAME: _____ CLASS: _____

NUMBER OF CHILDREN IN THE FAMILY: _____ PLACE OF CHILD IN THE FAMILY: _____

NAME AND ADDRESS OF PREVIOUS SCHOOL/PRESCHOOL: _____

CLASS IN PREVIOUS SCHOOL: _____ TELEPHONE NO: _____

DID YOUR CHILD MEET ALL DEVELOPMENTAL MILESTONES? YES ☐ NO ☐

IF NO, PLEASE PROVIDE THE SCHOOL WITH RELEVANT DETAILS: _____

AT WHAT AGE DID YOUR CHILD START TO TALK: _____ DOES HE/SHE SPEAK WELL? YES ☐ NO ☐

STATE ANY DIFFICULTIES: _____

PLEASE CIRCLE IF YOUR CHILD ATTENDED/IS ATTENDING		
Speech & Language Therapy	Y	N
Occupational Therapy	Y	N
Play Therapy	Y	N
Psychiatric/Psychological Assessment	Y	N
Does your child have Special Needs	Y	N

(If yes, please provide the school with the relevant details below and/or reports)

MEDICAL AND/OR OTHER ADVERSE CIRCUMSTANCES Please give details and specify if your child has any medical condition that the school needs to be aware of (e.g., asthma, epilepsy, haemophiliac, etc.) allergies (e.g., nuts, eggs, antiseptics, plasters, latex, penicillin, etc.). If there are any medical reports in relation to any of the above, please provide a copy.

ADDITIONAL INFORMATION Please give details and specify any information which might be considered to affect your child's education and progress in school. If you have any concerns or there are any other issues regarding your child's education, we ask that you communicate these with the Principal to enable us support his/her education.

I give permission to discuss the needs of my child with the Principal/Management of the previous School/Preschool listed above. Yes ☐ No ☐

Signed: _____
Parent/Guardian

Signed: _____
Parent/Guardian

PARENTAL PERMISSION		
Do you give permission to administer basic First Aid (e.g. putting on a plaster) if your child has an accident at school/games/school tour? If an accident is of a more serious nature, the school will contact Parent/Guardian	Y	N
Do you give permission for your child to be taken to a Doctor/Hospital in case of a serious accident/Illness?	Y	N
The HSE asks us to supply information for vaccinations, eye tests, hearing tests, dental check-ups, etc. Do you agree with this?	Y	N
I/We read the Code of Behaviour available on the school website and agree to co-operate with the implementation of this policy in the school. We have also discussed this policy with our child.	Y	N
I support ALL School Policies as outlined on the school website www.killoens.ie including the Admissions, Bí Céineálta, Healthy Eating, Child Safeguarding, GDPR, and Acceptable Use Policy, etc.	Y	N
I/We give permission for my/our contact details to be uploaded to the school *Aladdin system. *(School admin software used for the majority of communications for parents/guardians).	Y	N
I agree to contact the school immediately if I change my address, telephone number or email address or those of the emergency contact as these details are essential for contact with Parents/Guardians via Aladdin.	Y	N
I/We give permission for my child to participate in all school tours (details of which will be notified to you) and all short local trips (park, nature walks, etc.) usually within walking distance of the school.	Y	N
EDUCATIONAL / DIAGNOSTIC TESTS		
During your child's time in St. Teresa's National School, it may be necessary from time to time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for any screening/diagnostic tests to be carried out with my child.	Y	N
I give permission for my child to receive additional support from the Special Educational Needs (SEN) teachers within the school, if required. Parents will be informed prior to children being withdrawn from class for additional support.	Y	N
ABSENCES		
I understand that the school must report to TUSLA if a child is absent from school for 20 days or more and that if a child is absent for a prolonged period but without explanation and the Parents/Guardians cannot be contacted the school will contact the relevant authorities.	Y	N
CHILD PROTECTION AND WELFARE		
I understand that should the school have reasonable cause for concern regarding my child's wellbeing/safety or if my child discloses any form of abuse, the school is bound to inform the HSE.	Y	N

I give permission to allow my family details (name, address, mobile numbers, date of birth, PPS Number etc.) to be given to agencies such as HSE (school nurse, doctor, dentist), school lunch suppliers, etc. Yes ☐ No ☐

Signed: _____
Parent/Guardian

Signed: _____
Parent/Guardian

I give permission for the school to speak with outside agencies regarding my child. e.g., NEPS, HSE, Speech & Language, Occupational Therapy, Play Therapy, TUSLA, all education settings, etc. Yes ☐ No ☐

Signed: _____
Parent/Guardian

Signed: _____
Parent/Guardian

GDPR

St. Teresa's National School is registered as a Data Controller under the Data Protections Acts 1988 and 2003 and we follow GDPR regulations as set down in 2018. The personal data supplied on this application form is required for the purpose student enrolment, registration, administration, child welfare and to fulfil our legal obligations. Contact details will be used to notify you of school events/activities. While the information provided will generally be treated as confidential to St. Teresa's N.S., from time to time it may be necessary for us to exchange personal data on a confidential basis, where we are legally required to do so, with other bodies including the Department of Education & Skills, the Department of Social Protection and Family Affairs, An Garda Síochána, the Health Service Executive, TUSLA and other schools where the student is transferring. We rely on parents/guardians to provide us with accurate and complete information and to update us in relation to any changes in the information provided. Should a parent/guardian wish to update their own or their child's personal data, they should put the amendment/s in writing to the School Principal.

Signed: _____
Parent/Guardian

Signed: _____
Parent/Guardian

CONSENT FOR PHOTOGRAPHS AND DIGITAL IMAGES

Our school maintains a database of photographs and digital images including videos of school events. It has become customary to take photos and videos of students engaged in activities to create a pictorial and historical record of school life and as a means of presenting projects and work done. Photographs and videos may be published on our school website, social media, newsletters, school blog, calendars and local and national newspapers. In the case of the website and social media images, the student's names will not be recorded with the picture.

Signed: _____
Parent/Guardian

Signed: _____
Parent/Guardian

INTERNET PERMISSION

I have read the Acceptable Use Policy on the website and grant permission for my child to access the internet. I understand that school internet usage is for education purposes only and that every reasonable precaution will be taken by the school to provide for online safety. I accept my own responsibility for the education of my child on issues of Internet Responsibility and Safety. I understand that having adhered to all the enclosed precautions the school cannot be held responsible if my/our child tries to access unsuitable material.

Signed: _____
Parent/Guardian

Signed: _____
Parent/Guardian

RSE

Relationships and Sexual Education Programme is now taught as part of Social, Personal and Health Education, a new subject in the 1999 Revised Curriculum. As Parents/Guardians, you may wish to absent your child from this programme. Please sign below to give permission for your child to participate fully in S.P.H.E. programme. (S.P.H.E & RSE policies can be accessed via school office).

Signed: _____
Parent/Guardian

Signed: _____
Parent/Guardian

INFORMATION FOR DEPARTMENT OF EDUCATION AND SKILLS PRIMARY ONLINE DATABASE

The Department of Education and Skills have developed an electronic database of primary school pupils called the Primary Online Database (POD). This database will allow the Department to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns for grant payment and teacher allocation purposes. Both religion and ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil's parent/guardian to identify their child's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. All other information held on POD was deemed by the Data Protection Commissioner as non-sensitive personal data. For further information on POD, please go to the Department of Education & Skills' website www.education.ie

Signed: _____
Parent/Guardian

Signed: _____
Parent/Guardian

It is very important that we have up to date contact details for parents and childminders, in the event that any of the details on this enrolment form should change whilst your child is attending this school, please inform us immediately. The school email is office@killoens.ie.

Should school transport be required, please contact Transport Office Bus Eireann 0906473277 or www.buseireann.ie/schooltransport.

NOTE:

- If there are any Orders or other arrangements in place governing access to, or custody of the child, please provide details and include supporting evidence.
- The acceptance of this application is **not** a guarantee of placement.
- Please note this application is not valid unless all sections have been completed and all information regarding your child has been provided. This allows us to ensure that places are allocated fairly in line with our Admissions Policy and to plan the allocation of resources to meet the needs of any incoming pupils with special educational needs.

Signed: _____
Parent/Guardian

Signed: _____
Parent/Guardian

Date: _____

Date: _____

Please return all enrolment applications by post to St. Teresa's National School, Clontumper, Ballinalee, Co. Longford, N39 EW95 together with your child's original Birth Certificate and where applicable, original Baptismal Certificate. A proof of address (i.e., household bill) is required as part of the admissions process.