Scoil Phádraig
Baile Mhuiris
Droichead Nua
Co. Chill Dara
Fón : (045) 432446

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Roll No. 13328I

St. Patrick's N.S.
Morristown
Newbridge
Co. Kildare
Tel : (045) 432446

E-mail: office@stpatscofi.ie

Principal : Anthony Brady

Deputy : Nicola Cole

ENROLMENT FORM 2026/2027

Child's First Name: _____ **Last Name:** _____

PPS no: _____

Child's Name on birth cert (if different from above): _____

Address: _____

EIRCODE: _____

Date of Birth: ____/_____/_____ **Male** ☐ **Female** ☐

Proposed Class: _____

Mother's name: _____ Occupation: _____

Mother's Maiden Name: _____

Mother's Phone No: _____

Mother's Mobile No: _____

Mother's E-Mail: _____

Father's name: _____Occupation: _____

Father's Phone No: _____

Father's Mobile No: _____

Father's E-mail address: _____

Foster Parent ☐

What are the visiting arrangements with natural parents: _____

Number of children in the family: _____ Child's place in the family: _____

Have you enrolled your child in another school? Yes ☐ No ☐

This section of the form is confidential.

What is the current state of the parents/guardians? Please tick the appropriate box.
Married ☐ **Married but separated/divorced** ☐ **Widowed** ☐

If married but divorced/separated, do you wish to be informed **separately** of significant meetings?
Yes ☐ **No** ☐

What are the custody arrangements if separated/divorced? _____

Not Married ☐

Has the father or mother been appointed legal guardian? **Yes** ☐ **No** ☐
(normally by court order or agreement)

Name of playschool or previous school(s) attended.

_____

Childminder/Name: _____ **Phone number:** _____

Name and address of a friend, neighbour or relative who can be contacted in an emergency, if parent/childminder cannot be contacted.

Name: _____ **Address:** _____

Home phone no: _____ **Mobile/work phone no:** _____

Medical History

Doctor's name: _____ Dr. phone no: _____

If your child has a medical, and allergy or emotional condition, which may affect him/her at school, it is important that you inform us and if there any such condition that you know of currently?

Has your child been referred to any outside agency? (speech therapist, social worker psychologist, specialist etc.) Yes ☐ No ☐

Do you have any concerns about your child's speech and language development or is he/she attending a speech therapist? Yes ☐ No ☐

In your opinion are the following satisfactory:

Eyesight: Yes ☐ No ☐ Hearing: Yes ☐ No ☐

Is there any family history of:

Dyslexia: Yes ☐ No ☐ Colour blindness: Yes ☐ No ☐

. **Has he/ she reached the developmental milestones e.g. crawling, walking, toilet training e.g. at the normal rate? Yes ☐ No ☐**

Is your child: left handed ☐ right handed ☐ unknown ☐

Has your child received his/her vaccinations? Yes ☐ No ☐

In the event of your child being involved in a serious accident and our being unable to contact you, do you grant permission for a medical examination, if necessary?

Yes ☐ No ☐

Do you give permission for learning support, if necessary, for your child during his/her time in St. Patrick's? Yes ☐ No ☐

Do you consent for your child to participate in school trips? e.g. walks, school tours, matches, concerts etc.? Yes ☐ No ☐

Do you give permission for your child's photograph to be taken for the local papers e.g. first day at school, sporting events etc.? Yes ☐ No ☐

Do you give permission for your child's photo and work to be displayed on the school website and class twitter accounts? Yes ☐ No ☐

Do you give permission for your name and phone no to be give out for birthday invitations?
Yes ☐ No ☐

The Department of Education and Skills has developed an electronic database of primary school pupils called the Primary Online Database (POD) which involves schools maintaining and returning data on pupils to the Department at individual pupil level on a live system. The database allows the Department to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns for grant payment and teacher allocation purposes, to follow up on pupils who do not make the transfer from primary to post primary level and for statistical reporting.

What Nationality is your child: _____ Country of Birth: _____

Is one of the pupil's languge spoken at home either English or Irish? **Yes ☐ No ☐**

Cultural Background

To which ethnic or cultural background group does your child belong (please tick one)
(Categories based on the Census of Population)

White Irish ☐ Irish Traveller ☐ Roma ☐ Any other White Background ☐ No Consent ☐

Black or Black Irish –African ☐ Black or Black Irish –Any other Black Background ☐

Asian or Asian Irish – Chinese ☐ Asian or Asian Irish – Any other Asian background ☐

Other (inc. mixed background) ☐ Asian or Asian Irish – Indian/Pakistani/Bangladeshi ☐

What is your child's religion?

Church of Ireland (Anglican) ☐	Roman Catholic ☐	Presbyterian ☐
Methodist ☐	Jewish ☐	Muslim (Islamic) ☐
Orthodox (Greek, Coptic, Russian) ☐	Apostolic or Pentecostal ☐	Hindu ☐
Buddhist ☐	Jehovah's Witness ☐	Lutheran ☐
Atheist ☐	Baptist ☐	Agnostic ☐
Christian (not further defined) ☐	Protestant ☐	Evangelical ☐
Other Religions ☐	No Religion ☐	No Consent ☐

I consent for the information above to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and other primary school your child may transfer to during the course of their time in primary school.

Signed: _____Parent/Guardian Date: _____

I agree to co-operate with the staff of St. Patrick's N.S and support the ethos of the school.

Preference will be given to Church of Ireland Children on our enrolment list.

I/We wish to enrol my/our child in St. Patrick's N.S.		
I/We understand that it is our responsibility to inform St. Patrick's should your phone number, address or e-mail details change		
Signed:	**Parent/Guardian**	**Date:**
Signed:	**Parent/Guardian**	**Date:**
Both Parents/Guardians to sign where possible.		

Data Protection Statement for inclusion on relevant forms when personal information is being requested.

The information collected on this form will be held by St. Patrick's in manual and electronic format. The information will be processed in accordance with the **Data Protection Act 1988** (Amendment) **Act 2003**

The purpose of holding this information is for administration and to facilitate the school in meeting the student's educational needs.

Disclosure of any of this information to statutory bodies such as the Department of Education and Science or its agencies will take place only in accordance with legislation or regulatory requirements. Explicit consent will be sought from Parents/Guardians or students aged 18 or over if the school wishes to disclose this information to a third party for any other reason.

Parents/ Guardians of students and students aged 18 or over have a right to access the personal data held on them by the school to correct, if necessary.

I consent to the use of the information supplied as described.

Signed Parent/Guardian _____