



DARRARA NATIONAL SCHOOL  
MS CLAIRE HIGGINS, PRINCIPAL  
CRUARY, DARRARA  
CLONAKILTY CO. CORK  
023-8834160  
office@darrarans.ie  
ROLL No. 13125R

***Application form for Enrolment in Darrara National School 2024/2025***

***Please fill in details below, in BLOCK CAPITALS with pen.***

Full Name:	Name in Irish:
Address and Eircode:	Date of Birth:
Gender:	Nationality/Ethnicity:
First Language of the home:	Phone Number:
Contact email address:	Child's PPS Number:
Class to enrol child in:	Religion/Beliefs:
Names of siblings in this school:	Have you attached your child's birth cert? Circle Yes or No

The above information except Religion and Ethnicity will be shared with the Department of Education and Skills.

**Parent/Guardian Information:**

Parent/Guardian Name: _____
Occupation: _____
Nationality: _____
Phone No.: _____
Work Phone No.: _____

Parent/Guardian Name: _____
Occupation: _____
Nationality: _____
Phone No.: _____
Work Phone No.: _____

With whom does the child normally reside? Both parents/ one parent/ grandparents/Other

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To whom should correspondence be addressed?

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Nominated mobile number for receipt of messages from the school:

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Additional local contacts in case of emergency: (please give two different contacts if possible)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Number: \_\_\_\_\_

Are there any orders or other arrangements in place governing access to or custody of your child?

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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.

**EDUCATIONAL DETAILS:**

Name of Previous School/Pre-school: \_\_\_\_\_

Address: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

**MEDICAL DETAILS:**

Does your child have any health problems?

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Other Information e.g. special educational learning needs/details of referrals to other agencies/specialists (e.g. speech therapists, psychologists etc.)

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Please give details of any physical impairment of which the school should be aware?

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Please give details of any allergies of which the school should be aware?

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Name of child's doctor: \_\_\_\_\_

Contact No: \_\_\_\_\_

### Consent Form

**We would like your permission for the following in relation to your child**

*Please tick the appropriate box and sign - Both parents/guardians please sign below*

<b>Please Tick</b>	<b>Yes</b>	<b>No</b>
<b>Activities Outside/After School</b> During the school year classes may undertake activities outside the school premises e.g. visiting the church, walking to the community centre, library, sports competitions etc. I consent that my child may do so with his/her class/school.		
<b>Digital Technology</b> I give consent for my child to use the computers in the school in line with our Acceptable Use Policy. This includes the sharing of child's name and date of birth in creating accounts on educational platforms.		
<b>School Website/Publications:</b> I give consent for the use of school related photographic images which include my child on the school website, school Facebook page or in other school publications or displays. I understand that they will not be identified individually.  I give consent for my child to be photographed as part of a group for use in local newspapers and educational magazines with the name included under the photo.		
<b>WhatsApp Broadcast</b> I give permission to the school to contact me using WhatsApp Broadcast. (Your number will not be added to a Whatsapp group. You will receive messages from the school and you can reply to these messages, no one else will see your replies).		
<b>Dept. of Education &amp; Skills</b> I give written parental consent to share Ethnic or Cultural Background and Religion with the Department of Education & Skills.		
<b>Medical Emergencies</b> I give permission for my child to receive any first aid and medical attention deemed necessary and to be taken to hospital in case of serious illness or accident.		

<p><b>School Policies</b></p> <p>I agree that my child will abide by the Code of Behaviour and Anti-Bullying policy of Darrara National School (available on the website).</p> <p>I am aware of all the school policies, agree to abide by them and agree to discuss them at an appropriate level with my child.</p>		
<p><b>Competitions</b></p> <p>I give consent to allow my child to enter competitions e.g. library art/Clonakilty show etc. and for their name and date of birth to be shared with the organisers.</p>		
<p><b>Teaching Support</b></p> <p>I give consent to allow my child to be supported by both class teachers and special education teachers in the class setting and in small group withdrawals.</p>		
<p><b>School Trips/Field Trips/Walks</b></p> <p>I give consent to allow my child to participate in school outings including, but not limited to, school tours, swimming lessons, bus trips, field trips, walks, sports activities.</p> <p>When whole school transport is unavailable I give consent for my child to travel with a designated parent/teacher.</p>		

I/we wish to enrol my/our child in Darrara National School
I/we agree to assist _____ to comply with the school rules, policies and procedures.
Signed: _____ (Parent/Guardian) Date: _____
Signed: _____ (Parent/Guardian) Date: _____
<b>Both Parents/Guardians to sign</b>

**Please attach a copy of your child's Birth Certificate to this registration form and return to Darrara National School.**