



St. Louis Secondary School

Meanscoil Lughaidh Naofa, Carrickmacross, Co. Monaghan. A 81 HF 78

ENROLMENT FORM

1. STUDENT DETAILS

YEAR OF ENROLMENT _____

PLEASE USE BLOCK LETTERS

Surname _____ First Name(s) _____

Home Address _____

PPS No _____ DOB _____ Religion _____ (optional) Nationality _____

Country of Birth _____ Mother Tongue: English or Irish Yes No

Primary School Attended* (most recent) _____

Other Primary/Post Primary Attended* (if applicable) _____

*Please note, we may contact Primary School which your daughter has attended in connection with your daughter's enrolment

2. FAMILY DETAILS

	Father	Mother
Surname		(Maiden name)
Name(s)		
Phone Number		
Messaging from School		
<i>Please indicate the number to which text messages will be sent. Please make sure the School is aware of any change in your mobile number. This is essential for texting purposes.</i>		
Correspondence Title		Contact Email
Address (if different from above)		
Sisters in St. Louis Secondary School	Name, Age, Class	
	Name, Age, Class	
	Name, Age, Class	
Sisters Who were past Pupils	Name	Name
	Name	Name

Number of Children in Family _____ Pupil's Position in Family _____

Is Mother a past pupil of the school? Yes No

Please try to place in same class as (Optional):

Please provide one name only (This cannot be guaranteed)

3. EMERGENCY CONTACT DETAILS

Name _____
Contact Number _____ Relationship to Student _____

4. REPORTS ON EDUCATIONAL PROGRESS

Please indicate the person to whom correspondence to be send regarding educational progress/attainment of the student, if different from details outlined in Section 2 above.

Name _____ Relationship to Student _____
Address _____

5. ACCESS TO/CUSTODY OF STUDENT

If there are any orders or other arrangements in place governing access to or custody of the student, please provide details.

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6. MEDICAL CARD

Is Student a Medical Card Holder Yes <input type="checkbox"/> No <input type="checkbox"/>

7. EDUCATIONAL DETAILS

A. Is the student currently studying Irish? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If No please indicate a reason below by ticking the relevant box:</i>	
Student received primary education up to 11 years of age outside of Ireland	
Student was previously enrolled in a State School after being re-enrolled after a period spent abroad, provided that at least three years have elapsed since the previous enrolment in the State and the student is at least 11 years of age on re-enrolment	
Student has evidence of a disability furnished by a qualified psychologist which recommends exemption from the study of Irish. The assessment has been carried out within the last three years. (In this case the school will require a copy of this report).	
Student is from abroad, who has no understanding of English.	
B. Has the student had a psychological assessment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If Yes, is the psychological report available?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	

C. Has the student been granted resource teachings hours by theYes No
National Council for Special Education (NSCE)?

D. Has the student availed of the services of a Special NeedsYes No
Assistant (SNA) granted by the NCSE?

E. Has the student been in receipt of learning support at PrimaryYes No
School?

If Yes, please provide details.

8. MEDICAL DETAILS

Does Student require Glasses?Yes No

Does Student have any Hearing Difficulties?Yes No

Does Student suffer any Serious Illness?Yes No

Is Student on any ongoing Medical Treatment?Yes No

Does Student have any of the Chronic Conditions?Yes No

If Yes, please provide details

Other Medical concerns/information of relevance

GP Name, Address & Contact Number _____

9. ETHNICITY AND CULTURAL BACKGROUND

THE DEPARTMENT OF EDUCATION AND SKILLS REQUIRE THE FOLLOWING INFORMATION SHOULD YOU CONSENT TO PROVIDE IT:

WHITE IRISH		BLACK OR BLACK IRISH-AFRICAN	
IRISH TRAVELLER		BLACK OR BLACK IRISH- ANY OTHER BLACK BACKGROUND	
ROMA		ASIAN OR ASIAN IRISH-CHINESE	
ANY OTHER WHITE BACKGROUND		ASIAN OR ASIAN IRISH- ANY OTHER ASIAN BACKGROUND	
NO CONSENT			

Signature _____ Date _____

Parent/Guardian

Student's Signature _____ Date _____

Enrolling Teacher Signature _____ Birth Certificate Checked **DECLARATION BY PARENTS/GUARDIANS**

St Louis Secondary School wishes to foster a close partnership with parents/guardians.

Towards this end, St Louis Secondary School is committed to keeping parents/guardians fully informed when persistent or serious breaches of the Code of Behaviour occur regardless of age of student. The school recognises that parents/guardians have a key role to play in ensuring that students abide by the Code of Behaviour and thus avoid any disciplinary action or other consequences that may follow from unacceptable behaviour. Accordingly, as laid out in *Section 23 (4) of the Education (Welfare) Act, 2000*, it is the policy of the school that parents/guardians complete the declaration below as a necessary part of the process of enrolling a student in the school.

To ensure that the rights of all members of the School Community are upheld we agree to keep the rules. We understand and accept that Sanctions may be imposed if Rules are broken.

Involvement in any of the following activities is regarded as a serious breach of the school Code of Behavior and may result in exclusion from School activities.

1. Bullying, threatening or abusive behaviour, verbal or physical, towards another student or any member of the School Staff.
3. Supplying, using or handling drugs or other dangerous or prohibited substances.
4. Interfering with property of others.
5. Possession of any article which might be considered a danger to safety of others.
6. Persistently refusing to accept the responsibilities of the School Charter.

We have read and understand the Code of Behaviour and the Anti-Bullying Policy for St Louis Secondary School, Carrickmacross and agree to keep them. We undertake that my son/daughter will abide by the Code of Behaviour of St Louis Secondary School, Carrickmacross and by the Regulations contained therein.

WE PERMIT OUR DAUGHTER TO BE PHOTOGRAPHED AND THESE PHOTOGRAPHS TO BE DISPLAYED OR PUBLISHED AS REQUIRED BY ST LOUIS SECONDARY SCHOOL. Yes No

First Signature _____ Date _____

Parent/Guardian

Student's Signature _____ Date _____

Please return completed enrolment form to:

*St. Louis Secondary School, Convent Hill, Carrickmacross. Co. Monaghan A81HF78 before **November 30th***

- Please note that submission of an enrolment form for admission is not guarantee of a place in St Louis Secondary School by the Admissions Policy. A copy of St Louis Secondary School Admissions Policy is available at www.stlouiscmx.com
- Enrolment forms posted to the School will be receipted by post within five working days. If no receipt is returned please contact the School Office at 042-9661587

The School is a Data Controller under the Data Protection Acts 1998 and 2003. Personal data supplied on the enrolment form will be used for the purposes of student enrolment, registration, administration, child welfare and to fulfil any other legal obligations. While the information provided will generally be treated as confidential to the school, from time to time it may be necessary for the school to exchange personal data on a confidential basis with other bodies including the Department of Education and Skills, The Department of Social and Family Affairs, An Garda Siochana, The Health Service Executive, National Educational Welfare Board. Contact details will also be used to notify you of school event and activities. The school relies on parents/guardians to provide us with accurate and complete information and to update us in relation to any change in the information provided. You should write to the Principal should you wish to update or access your child's personal data.