

Moveen N.S.

Mol an óige is tiocfaidh sí

Moveen N.S., Kilkee, Co. Clare. V15NF43. Roll number: 13876Q

Phone number: 065 9056248 Twitter: [@moveenns](#) Office email: info@moveenns.ie

Enrolment Application Form

School Name: **Moveen National School**

Enrolment Year: **2025/26**

Pupil's First Name: _____

Surname: _____

Date of Birth: _____

Gender: _____

Address (at which the applicant resides):

Name and class of Sibling(s) currently enrolled: _____

Parish in which the applicant resides:

Parent(s)/Guardian(s) Details:

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Home Tel. _____ Mobile _____ Email. _____

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Home Tel. _____ Mobile _____ Email. _____

Signature 1: _____ Signature 2: _____

Date: _____ Date: _____

Completed enrolment applications must be returned to **Moveen N.S., Kilkee, Co. Clare, V15NF43** no later than **26th April 2025.**

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Please complete in BLOCK CAPITALS		Class:	
Pupil's Name:		Name in Irish: (Optional)	
Date of Birth:		Male/Female:	
P.P.S. Number:		Country of Birth:	
Address:		Nationality:	
		If born outside the country, year of arrival in Ireland:	
Eircode:		Languages spoken in the home:	
Parent/Guardian Details:			
First Name:		First Name:	
Last Name:		Last Name:	
Relationship to child:		Relationship to child:	
Phone No (Home):		Phone No (Home):	
Phone No (Work):		Phone No (Work):	
Phone No (Mobile):		Phone No (Mobile):	
Email Address:		Email Address:	

Names and classes of brothers/sisters in this school:

It is school policy to pass on the above information excepting Religion and Ethnicity to the Department of Education and Skills.

	Please tick	Yes	No
Are there any orders or other arrangements in place governing access to or custody of your child?			

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.

Name of Previous School/Pre-school:

Address:

Principal's Name:

Phone No:

Additional local contact names, to be contacted in emergencies [Not the same as above]

1. Name:	Phone No:
Relationship to child:	
2. Name:	Phone No:
Relationship to child:	
3. Name:	Phone No:
Relationship to child:	

Relevant Medical Information:

Family Doctor:	Phone No:
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Any medical concern, allergies, information of relevance? (please find medical form attached)

Has your child any Special Educational Needs? (If "yes" please give details)

	Please tick	Yes	No
Have you attached a Birth Certificate for your child?			

Consent Form

Moveen N.S. 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

Please tick	Yes	No
Activities Outside/After School		
During the school year classes may undertake activities outside the school premises e.g. visiting the church, library. I consent that my child may do so.		
D.T. (Digital Technology)		
I give consent for my child to use the digital technologies in the school in line with our Acceptable Use Policy.		
School Website/Twitter/Facebook/Instagram/Publications		
I give consent for the use of school related photographic images which include my son/daughter on the school website, school Twitter, Instagram and Facebook page or in other school publications or displays. I understand that s/he will not be identified individually.		
Dept of Education & Skills		
I give written parental consent to share Ethnic or Cultural Background and Religion with the Department of Education & Skills.		
Medical Emergencies		
I give permission for my child to receive any medical attention deemed necessary and to be taken to hospital in case of serious illness or accident.		
School Policies		
I have received and read a copy of Moveen N.S Code of Behaviour and agree that my child and I will abide by it.		
I agree to familiarise myself with all school policies, agree to abide by them and agree to discuss them at an appropriate level with my child.		
Competitions		
I give consent to allow my child to enter school competitions and for their name and date of birth to be shared with the organisers.		

I/we wish to enrol my/our child in Moveen N.S.	
Signed:	Parent/Guardian Date:
Signed:	Parent/Guardian Date:
Both Parents/Guardians to sign	

Medical Form

Please complete the following medical form for your child.

Please tick	Yes	No	Additional Information
Does your child suffer from asthma?			
Does your child suffer from diabetes?			
Does your child have any allergy, and if so what allergy?			
Does your child suffer from epilepsy?			
Does your child suffer from any other medical condition?			

If your child suffers from any of the medical conditions listed above, please ensure the principal and class teacher are made aware of this as a Health Action Plan may need to be put in place as well as any necessary medications provided to the school. Please see Asthma Policy and Administering Medicine Policy for further information.

Signed: _____ Parent/Guardian
Date:
Signed: _____ Parent/Guardian
Date: