

## **Trinity Primary School Enrolment Request Form**



Child								
Name: Surname:				Male Female				
Address:				Nationality:				
				First Language:				
Eircode:								
Date of Birth:				PPS:				
				rents the number to receive texts)				
Mothers Name:				Fathers Name:				
Phone:				Phone:				
Occupation:				Occupation:				
Email:				Email:				
Education								
Previous schools attended including preschool								
Year	School	Address			Class	Reason for leaving		
Education Information								
Has your child been assessed by				Yes			No	
Educational Psychologist?								
Speech Therapist?								
Occupational Therapist?								
Other (please specify):								
Additional Pupil Information								
Number of children in family:				Placing of Child 1 <sup>st</sup> , 2 <sup>nd</sup> etc.):				
Please inform the school if you are a legal guardian rather than a parent								

Medical							
		Yes	No		Specify		
Does your child suffer from any ill							
Does your child suffer from any all	ergy?						
Is your child taking any medica							
	Er	nergency (	Contact Nu	mbers			
Doctor's Name	Address Phone Nu					ıber	
	Trade System						
Please list at least 1 emergency contact in the event of an emergency		ame / numb	er (other than	n those listed overlea	f) that the sch	nool can	
Policy on Medical Assistance  In the event of an accident / emergency occurring and the school being unable to contact any of the numbers above or overleaf, it is the policy of the school to seek medical attention for the injured party.							
		Agı	reement			<b>✓</b>	
Trinity P.S. is a multi-campus school, permission for my child to go, accom		• .		•			
I will abide by and support the school's policies							
I will abide by and support the school's Code of Behaviour							
I will abide by and support the school's Anti-bullying Policy							
I will abide by and support the school's Child Protection Guidelines							
I will abide by and support the school's Substance Abuse Policy							
I realise that policies can be updated from time to time including our IT policy and SPHE policy and guidelines.							
I agree to allow my child's photo to be used as part of school based activities which may appear on the school's social media sites. (The school never displays a child's name with a photo)							
I consent to the use of approved educational apps/digital platforms by the school for my child's learning, in accordance with TPS acceptable usage policy. For a list of apps please contact the campus office.							
Signature of Parent(s) Mother: Date: / /							
Father	·:			Date: /	/		

Any information you give on this form will be treated with the strictest confidence and only used for the benefit of your child. Filling in this application form does not guarantee a place in our school.

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- 1. Birth Certs and PPS must be supplied with the completed Enrolment Request Form.
- 2. Ethnic and cultural background can be a sensitive area. However the Department of Education and skills require that schools share this information with them on their Primary Online Database. Please tick as appropriate below to allow the school to share the information with the Department of Education.

To which ethnic or cultural background group does your child belong (please tick one)?

(Categories are based on the Census of Population)						
White Irish □	Irish Traveller □	Roma 🗆				
Other White Background   Black or Black Irish - African						
Black or Black Irish - Any other Black Background $\ \ \Box$ Asian or Asian Irish/Chinese $\Box$						
Asian or Asian Irish - Any other Asian background						
Other (inc. mixed background)   No consent						

Trinity P.S. Tuam

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