



Loughmourne,
Castleblayney,
Co. Monaghan.
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Tel: 042 9745055

Principal: Adrian Kelly
Deputy Principal: Majella Magee

Enrolment Form 2025

1. Child's Personal Details

Last Name: _____ First Name: _____ Date of Birth: _____
Birth Cert Forename and Surname (if different from name above) _____
Address: _____
_____ EirCode _____
Home Tel: _____ Child's Religion: _____ Child's Nationality: _____
To which ethnic or cultural background group does your child belong?
White Irish _____ Irish Traveller _____ Roma _____ Black African _____ Chinese _____ Other _____

2. Parent / Guardian Information

Father's Name: _____ Mobile Tel: _____ Father's Religion: _____
Work Address: _____ Email: _____
Mother's Name: _____ Mobile Tel: _____ Mother's Religion: _____
Work address: _____ Email: _____
Mother's maiden name: _____
Contact name: (minder, neighbour, etc.) _____ Tel: _____
Contact address: _____

3. Other Information

Previous care facility (Crèche, Pre-school, home, etc.): _____
Other schools attended: _____ Year: _____ Class: _____
Medical Information: _____

The above named school is granted permission to take to the doctor
for medical assistance if required.
Signed: _____
(Parent / Guardian)

Number of children in family: _____ Child's place in family: _____
Siblings in the school at present: _____ Class: _____
_____ Class: _____
_____ Class: _____

4. A copy of your child's Birth Certificate is also required.

5. PPS Number: _____

6 Private and Confidential

In our school we endeavour to provide the highest standards of pastoral care for your child. In order to achieve this objective successfully it is vital that the school be informed of any relevant situation regarding health, bereavement, domestic circumstances etc. Such information may be detailed here or alternatively you may contact the principal teacher or your child's class teacher directly. Any information will of course, be treated in the strictest confidence.

Data Protection

The information provided in this form is necessary for the work of the school and is confidential to the school. However, from time to time the school is asked to provide information to the Health Board to facilitate their work such as immunisations, sight and hearing tests and dental appointments etc.

Throughout the school year, photographs may be taken of children for Holy Communion, Confirmation, on school trips, by the Parents Association, Credit Union, etc. These photographs may be published in local press, school website or booklets but never with their names attached.

On occasion the Board of Management of the school may need to elect new members from the parent body, to facilitate the best possible representation, we require your consent to allow your name(s) to go before the parents of children in the school. (If nominated you will be contacted to agree or withdraw from any election.)

Please sign below to signal your agreement that the details in Section 1 (Child's Personal Details) be made available to the Health Board, and to allow names and addresses, of parents/guardians to be made available to local secondary schools and families of children attending the school for Board of Management elections.

The school now has a duty to pass this information on to the Department of Education and Skills for their Primary Online Database (POD) to develop an electronic database.

(Mother) _____ **Date** _____

(Father) _____ **Date** _____