



SCOIL MHUIRE

ROBINSTOWN PRIMARY SCHOOL

Baile Róibín, An Uaimh, Co. na Mí • Robinstown, Navan, Co. Meath

046 902 9583

office@robinstownns.com

www.robinstownns.com

REGISTRATION FORM 2020/2026

Uimhir Rolla: 17520 U

Please complete in BLOCK CAPITALS Year Starting School:	Please tick CLASS: Preschool ASD Unit: <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/>
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	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 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.

Have you applied to another school, please give details:

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]

Name:

Phone No:

Relationship to child:

Name:

Phone No:

Relationship to child:

Name:

Phone No:

Relationship to child:

Please tick

Yes

No

Have you attached a Birth Certificate for your child?

SCHOOL USE ONLY

If the language spoken at home is **NOT** English, an Appointment with our E.A.L. (English as Another Language) teacher is required.

Date of Appointment: _____ **Time:** _____

Teacher: _____

Relevant Medical Information:

Family Doctor:

Phone No:

Any medical concern/information of relevance? (use a separate sheet, if required)

**Has your child any Special Educational Needs?
Details:**

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

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 computers in the school in line with our Acceptable Use Policy.		
School Website/Publications: I give consent for the use of school related photographic images which include my son/daughter on the school website 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 agree to familiarise myself with Robinstown NS's Code of Behaviour and ensure that my child and I will abide by it. This policy is available on our school website www.robinstownns.com		
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 Robinstown National School	
Signed:	Parent/Guardian Date:
Signed:	Parent/Guardian Date:
Both Parents/Guardians to sign	