

SCOIL NÁISIÚNTA ÍNSE CHRÓNÁIN

PHONE: (065) 6827183
SCHOOL MOBILE: 085 8624485
e-mail: crusheen@crusheennns.com
www.crusheennns.net
UIMHIR ROLLA: 19551S
EIR CODE V95 KX43

INCHICRONAN CENTRAL NS
CRUSHEEN, CO. CLARE.

SCOIL NÁISIÚNTA ÍNSE CHRÓNÁIN
CROISÍN, CO. AN CHLÁIR.

ENROLMENT APPLICATION FORM 2024/25

Office use only:

Date Received: __/__/__ Pupil Roll No.: ____

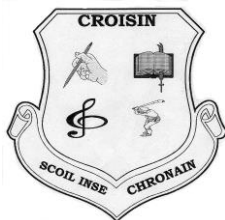
Birth Certificate: Baptismal Certificate:

Please fill out ALL sections on this form, including the P.P.S. No. as we cannot accept application without this

Section A

Year Starting September 2024

Surname	
First Name	
PPS No	
Date Of Birth	
Address	
Eircode	
Religion	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Siblings in school	
Class/es	
Nationality	
Parent/Guardian 1 Name	
Mothers Maiden Name	
Parent/Guardian 1 Mobile Phone No.	



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Parent/Guardian 1 Email Address	
Parent/Guardian 1 Occupation	
Parent/Guardian 1 Work Phone No. Parent/Guardian 1 Home Phone No.	
Parent/Guardian 2 Name	
Parent/Guardian 2 Mobile No.	
Parent/Guardian 2 Email Address	
Parent/Guardian 2 Occupation	
Parent/Guardian 2 Work Phone No. Parent/Guardian 2 Home Phone No.	
Emergency Contact Name and No.	

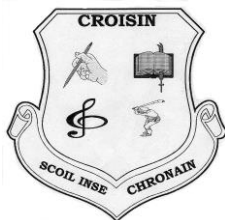
Section B: Please fill out relevant, part A or B:

Pre-school Attended	
Address	
Phone No.	

Part A:

Part B:

Previous School Attended:	
Address	
Phone No.	
Class/es	



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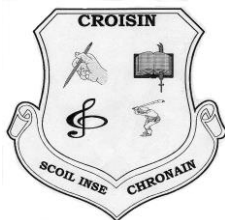
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Has this child ever been expelled/suspended from another school			Yes	No
Has this child ever attended any of the following	Medical Specialist	Psychologist	Speech Therapist	Any Other
Please tick				
Name and address of consultant				
Date when attended				

Section C

Doctors Name		
Address		
Phone No		
Does your child suffer any medical condition?	Yes	No
If yes please specify medical condition		
Might this condition require administration of medication either on a regular or an emergency basis during school hours?	Yes	No



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Section D

I hereby give permission for my child in relation to the following

Yes No

To gather and process your child's personal data for the purposes of administering the education of your child. To facilitate this, we will input your child's data into the schools Management Information System, Aladdin. Aladdin is a secure software as a service application which is owned and run by Cloudware Ltd. (T/A Aladdin Schools), from where the data is only processed for the above purpose.		
To create Gsuite google classroom account for your child for the purposes of administering remote education of your child when necessary		
To take part in the R.S.E., S.E.S.E., Stay Safe Programmes, all are recommended and vetted by the Dept. Of Education & Skills. You will be Informed in advance about these lessons.		
To forward information regarding my child to HSE for the purpose of vaccinations, dental and health screening examinations to be held in the school.		
To attend the Special Education teacher if deemed necessary (Parent/Guardian will be contacted in advance)		
On occasion we administer 'Diagnostic' tests (e.g. MIST, NIRT) to discover the education progress of pupils. Should any concerns arise following these tests we will contact you.		
On occasion, it may be necessary for organisational reasons to remove a group of children to another room to work with a support teacher (if your child is experiencing learning difficulties you will be informed personally by the teacher)		
For the inclusion of your child's photograph on school website with no name attached		
For the inclusion of my child's school work to be entered in competitions. (You will be informed in advance of this)		
For the use of my child's name (not photo) in relation to publicising school events and activities in our newsletter, website and similar publications?		
To allow my child's uniform being changed by a teacher in the presence of another adult in case of illness or toilet accident?		
To receive text messages/notices from the school e.g. reminders, updates etc		
To give permission for my child to go on school tours, local educational visits/field trips and participating in school activities (e.g. matches, quizzes, choir etc.)		
If your child need to be taken immediately to a doctor or hospital in case of serious illness/accident (if we cannot contact you)		

All information given above is correct.

Signed by Parent/Guardian: _____ Date: _____