

Please return to the Abbey Vocational School by Friday, 9th February 2018

We will have a table set up to facilitate anyone who wishes to return the Enrolment Form at the Open Evening.

Gairmscoil na Mainistreach

ABBEY VOCATIONAL SCHOOL

Student Enrolment 2018/2019

Surname: _____ First Name(s): _____

Date of Birth: _____ *(Please attach copy of Birth Cert)*

P.P.S. no: _____ Nationality: _____

Family Details

Names of Parents/Guardians: _____

Address: _____

If you require two copies of school reports to be sent to separate addresses for parents/guardians, please supply both names and addresses below. Otherwise all correspondence in relation to this child will be sent to the address supplied above.

1. _____ 2. _____

Other siblings in Abbey VS: _____ Class: _____

Mother's Maiden Name: _____

Parent / Guardian Contact Details

Mobile No: _____ (mother) _____ (father)

Home No: _____ (mother) _____ (father)

Work No: _____ (mother) _____ (father)

Please indicate whether SMS text messages are to be sent to mother or father: Mother Father

Other emergency contact: _____

E-mail address: _____

Previous Education

Previous School: _____

Does your child currently avail of any special educational needs support? Yes No

Please specify: _____

Has your child ever undergone Educational / Psychological Assessment?

Yes No If yes, please give date of Assessment: _____

Medical Details

Family Doctor: _____

Address: _____ Tel No: _____

Medical Card No: _____

Give full details of any health problems your child may have and any medications/care that your child is currently receiving:

In the event of serious illness or accident, the school will try to contact you, the parents/guardians, using the names and contact numbers as listed on this Enrolment Form. If we cannot contact you by any of these means we will bring your child directly to a doctor / hospital.

Other relevant information

Does any legal order exist under Family Law about which the school authorities should be aware?

Is there any further information or circumstances regarding your child that the school authorities should be informed of?

Please note:

It is important that you notify the school administration office if any of the details provided by you on this Enrolment Form change, (address, telephone, medical information, etc.) so that we may keep our records up to date throughout the duration of your child's attendance here.

Photographs and Digital Images of students

The school maintains a database of photographs and digital images (including video) of school events held over years. It has become customary to take photographs of students engaged in activities and events in the interest of creating a pictorial as well as historical record of life at the school. Photographs/digital images may be published on our school website or in brochures, yearbooks, newsletters, local and national newspapers and similar school-related productions. In the case of website photographs / digital images, student names will not appear on the website as a caption to the picture. If you or your child wish to have his/her photograph/digital image removed from the school website, brochure, yearbooks, newsletters, etc., at any time you should write to the School Principal

Please tick **Yes** or **No**, indicating whether or not you are happy to have your child’s photograph/digital image taken as part of school activities and included in all such records, as described above.

Yes No

Please sign the following Declaration and return this form to Abbey Vocational School.

To: **Principal,
Abbey Vocational School,
Donegal Town.**

This is to acknowledge that we, the undersigned Parents and Guardians of the child whose name is entered below, having read and being fully aware of the **Rules of the School and Code of Behaviour**, which were drawn up and agreed as per Department of Education directives and approved by the Board of Management, hereby request the Principal of the Abbey Vocational School to enrol said child for 2017/2018.

We further acknowledge and agree that disciplinary measures such as detention, withdrawal from classes, change of class, suspension from school, etc., as set out in the **Code of Behaviour**, may be taken by the Principal, or the Deputy Principal in her absence, for any breach of the Rules by our son/daughter.

We are also aware that the official opening hours of the Abbey Vocational School are: Monday & Tuesday 9.00 a.m. - 4.00 p.m., Wednesday, Thursday & Friday 9.00 a.m. – 3.20 p.m. and that Donegal Education & Training Board, Principal and Staff of the school do not accept responsibility for any accident or loss incurred by my child outside of those times.

We shall endeavour at all times to support the Principal and her Staff in the maintenance of order and discipline so that a school atmosphere conducive to learning may be maintained to the benefit of all.

Signature of Parents/Guardians:

1. _____ (Date)
2. _____ (Date)

Student Declaration

I, _____ (*name of student*) having read the Abbey Vocational School **Code of Behaviour** and having discussed it with my parent(s)/guardian(s), will abide by all its conditions as outlined.

Signed: _____ (Student) _____ (Date)

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DONEGAL EDUCATION & TRAINING BOARD

INSURANCE INDEMNITY

CLASS: _____

To:
G. Diver,
Principal,
Abbey Vocational School,
Donegal Town.

This is to acknowledge that we, the undersigned Parents and Guardians accept responsibility for the child whose name is entered below whenever he/she obtains permission from the Principal or his nominated representative to leave the school for whatever valid reason provided that we have sought and obtained his permission or that of his nominated representative (a) in person, (b) by telephone, (c) in writing, or that the said child presents to the Principal or his representative a medical appointment card or other such document.

We absolve and release Donegal E.T.B. from all contingent liability that may arise out of or in connection with any injury that may be sustained by the said child while he/she is outside the school boundaries on such business.

Child's Name & Address:

Signatures of Parent(s)/Guardian(s):

_____ Date: _____
_____ Date: _____

N.B. To be signed by both parents or guardians.