

Scoil Náisiúnta Chuilinn Uí Chaoimh, Mullachrua,

Cuilinn Uí Chaoimh, Magh Ealla Co.Chorcaí.

Cullen NS, Mullaghroe, Cullen, Mallow Co.Cork. P51TK70 DE Roll No.17171V

Tel: 029 79201

Charity Regulatory Authority Registered Number 20113407



Príomhoide: Eibhlín Ní Mhathúna

Leas-Phríomhoide: Gráinne Ní Dhuinnín

AP2 Príomhoide Cúnta: Eibhlín Ní Chróinín

principal@cullenns.ie

www.cullenns.ie

Admission Policy of Cullen National School

APPENDIX 1

Enrolment Application Form 2026/2027

Pupil's First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____

Address (at which the applicant resides):

Name and class of Sibling(s) currently enrolled:

Parish in which the applicant resides

Parent(s)/Guardian(s) Details:

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address:

Home Tel. _____ Mobile _____ Email _____

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address:

Home Tel _____ Mobile _____ Email _____

Signature 1: _____ Signature 2: _____

Date: _____ Date: _____

Completed Enrolment Application Forms must be returned to **Cullen National School** no later than Monday, 9th February 2026 / 9th February in the year of enrolling.

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APPENDIX 2

ENROLMENT REGISTRATION FORM 2026/2027 Scoil Náisiúnta Chuilinn Uí Chaoimh

This form should be used to obtain:

- SEN information
- Emergency Contact details
- Medical details
- Birth / Baptismal Certificates
- Guardianship / custody / access arrangements (please refer to the guardianship information sheet that can be found in the resources section of www.stsenansed.ie)
- Other information sought by Cullen NS

Enrolment Registration Form

Section 1:

Since September 2014, all schools are required to enter the data in Section 1 of this form onto the Primary Online Database [P.O.D.].

A full outline of the data requested, the reasons for collecting each piece of data, and how the data will be used, accessed, stored, shared and retained is given in the P.O.D.

Fair Processing Notice available on the P.O.D. area of the Department's website.

Childs' Details:

Child's First Name:

First Name as on Birth Certificate (if different from above)

Child's Surname:

Surname as on Birth Certificate (if different from above)

Date of Birth: Gender:

Please attach a copy of your child's Birth Certificate

Nationality:

Child's Personal Public Services Number (PPSN):

.....

Address (at which child resides):

.....

.....

Eircode:

Mother's Details:

Name:

Maiden Name:

Occupation:

Mobile:

Work:

Landline:

Nationality:

Email address:

Language spoken at Home:

Father's Details:

Name:

Occupation:

Mobile:

Work:

Landline:

Nationality:

Email address:

Language spoken at Home:

Religion:

What is your Child's religion?

Place of Baptism (if applicable)

Please provide a copy of your child's Baptismal Certificate

I consent / I do not consent (delete as appropriate) for the information regarding my child to be stored on the Primary Online Database (P.O.D.) and transferred to the Department of Education and any other primary school my child may transfer to during the course of their time in primary school.

Signature of Parent / Guardian:

Section 2:

(The following information is for *school use only*)

Number of children in the family:

Place in the family:

Has your child attended pre-school?

If so, where?

Is your child right handed or left handed?

Name and telephone numbers of contact persons in the event of an emergency:

(If you wish to add more, please feel free to do so, on the end of this sheet)

Name: Number:

Relationship to the Child:

Name: Number:

Relationship to the Child:

Name: Number:

Relationship to the Child:

Family Doctor: Name:

Address:

Telephone Number:

Do the school have permission to bring your child to the doctor or hospital in the case of an emergency?

Yes: No:

Name of person (other than parents) who have permission to collect your child from school:

Please inform the school of any changes.....

Any allergy or illness including hearing, sight, physical or any other additional / special needs:

Please speak to the Principal / Class teacher if any special provisions are to be made for children with additional / special educational needs before entry to school

Please provide reports and attendance from former schools (where applicable)

Has your child ever had a psychological assessment?

(If yes, please provide a copy to the school)

.....

Has your child ever received a speech and language report?

.....

(If yes, please provide a copy to the school)

During your child's time in our school, it may be necessary to carry out diagnostic testing on an individual basis in order to help them in their educational development.

I/We give permission for any necessary diagnostic tests to be carried out on our child.

Parent's Signature:

I/We give permission for family details to be given to the H.S.E.(School Nurse, Dentist) Parent's Signature:

Declaration: I/We declare that all the information provided by us on this form is correct. We understand that it will be treated confidentially.

Parent's Signature:

Parent's Signature:

Section 3:

This section is to be completed if you are applying for your child to be transferred from another school.

Name of school your child is currently attending:

Address of school:

Phone number of school:

Principal:

Class your child is currently in:

Name of Class Teacher:

Reason for applying for Transfer:

Section 4:

School Social Media/Website Picture & Video Permission Form

Please fill out and sign the appropriate statement (a or b) to either give or to decline permission to use pictures/videos of your child(ren) on the school website, social media and remote learning accounts.

*Pictures / Videos may include school / class project work, art work, sport & activities, competitions, awards, plays etc.

A) To GRANT permission to use your child(ren)'s pictures/ videos:

I _____ (print your name) **GRANT** permission for Cullen National School to use pictures/videos of my child(ren)

(print children's name) on the school social media account(s), remote learning accounts and school website.

Signed: _____

Date: _____

B) To REFUSE to grant permission to use your child(ren)'s pictures/ videos:

I _____ (print your name) **REFUSE** to grant permission for Cullen National School to use pictures/videos of my child(ren)

(print children's name) on the school social media account(s), remote learning accounts and school website.

I state that I have the right to refuse this permission as I am the child's parent or legal guardian.

Signed: _____

Date: _____

Parents/Custodian/Legal Guardian's Occupations and Place of Work:

Name of person who has permission to collect your child during school hours:

.....Phone No.....

In an emergency, if parents are unavailable, please give Name and Tel.no. of Person to contact:

.....

'Text-a-Parent'/What's App Mobile No:.....(Please give one number only)

Number of Children in Family:.....

Place in Family:.....

Do you know your child's dominant hand (left / right)?

Has your child attended a Play-group? Yes () No ()

If yes, please give name of Play-group:.....

Name and address of Primary School previously attended:.....

We, the parents give permission for our child to attend school tours, local educational visits/field trips and participate in school activities (eg. Matches, Quizzes, Concerts, etc.)

Yes () No ()

Do you agree to have your child treated by school staff for minor scratches and bruises?

Yes () No ()

Do you give permission to take the child straight to the doctor/hospital in case of serious illness or accident if above person or parents cannot be contacted? Yes () No ()

Name of Family Doctor:.....

Tel.No. of Doctor:.....

Do you have a Medical Card? Yes () No ()

We, the parent(s) or guardian(s) of give the Principal, or teacher in charge at the time, permission to bring him/her to a doctor or hospital should he/she judge it to be in the best interests of our child, and having tried, but failed to contact us.

We understand that the school will try to contact our family doctor first, but if he/she is unavailable, we understand that they will contact the Doctor on duty at the time or the nearest doctor available.

The school has an Intimate Care Policy (available on request). I give consent for my child to be changed and cleaned if they wet/soil themselves whilst in the care of Cullen N.S.

(Please tick) Yes () No ()

List any problems your child may have in relation to health:

(allergies, epilepsy, asthma, sight, hearing, speech, fainting, other)

.....

Does your child have any special educational needs?

The Stay Safe Programme www.staysafe.ie will be part of the Primary School Curriculum for pupils from Junior Infants to 6th Class.

If you do not wish your child to take part in this programme, please notify the Principal in writing.

As part of school activities, your child's photograph will occasionally be taken for displays, newspapers, Cullen NS seasonal Newsletter.

Please inform the Principal in writing, if you do not wish your child to be photographed or videoed.

The school should be given a copy of any Court Order which affects the child's welfare and also the name of any person into whose custody the child should not be given. This Court Order should be accompanied by a solicitor's letter specifically instructing the school what to do / what not to do.)

We understand our obligation to inform the school of any changes that may occur to the information on this form.eg. home address, mobile phone numbers, new email addresses etc.

We understand by enrolling our child in this school, we accept the school's ethos and policies.

Cullen N.S.'s Code of Behaviour, Anti-Bullying and Internet Use Policies will be forwarded to you, upon your child's first day of enrolling in our school.

Signed: (Parent/Guardian) Date: