

*Scoil Náisiúnta Cuilinn 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

[principal@cullens.ie](mailto:principal@cullens.ie)

Leas-Phríomhoide: Gráinne Ní Dhuinnín

[www.cullens.ie](http://www.cullens.ie)

AP2 Príomhoide Cúnta: Eibhlín Ní Chróinín

Admission Policy of Cullen National School

APPENDIX 2 to Admissions Policy Cullen NS

ENROLMENT REGISTRATION FORM 2025/2026

Scoil Náisiúnta Cuilinn Uí Chaoimh

Pupil First Name: ..... Surname: .....

Name in Irish (optional): .....

Date of Birth: ..... Gender: .....

Nationality: ..... Religious Denomination: .....

If born outside of Ireland, year of arrival in Ireland: .....

Languages spoken in the home: .....

Child's Personal Public Services Number (PPSN): .....

Address (at which applicant resides): .....

..... Eircode: .....

Email address: .....

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

.....

Phone No.(Home) ..... Phone No.(Work) .....

Phone No. (mobile) .....

Please attach an original photocopy of child's Birth Cert and Baptismal Cert, if baptised outside the Parish of Cullen / Millstreet.

(This will be needed for the Sacraments of First Confession / Reconciliation, First Holy Communion and Confirmation).

**Have you attached a Birth Certificate for your child?:** Yes..... No .....

It is school policy to pass on the above information accepting Religion and Ethnicity to the Department of Education

Are there any orders or other arrangements in place, governing access to or study of your child?

Yes: ..... No:.....

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

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

**Additional Local contact names, to be contacted in emergencies [Not the same as above]:**

**Name:**.....**Relationship to Child:**.....

**Phone No.:**.....

**Name:**.....**Relationship to Child:**.....

**Phone No.:**.....

**Name:**.....**Relationship to Child:**.....

**Phone No.:**.....

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

**Number of Children in Family:**.....

**Names of brothers/sisters in this school:**.....

**Place in Family:**.....

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

**Name and address of Primary School/Pre-School previously attended:**.....

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

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

**Principal's Name:** ..... **Phone No:** .....

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 ( )

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

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 additional educational needs?**

.....  
The Stay Safe Programme [www.staysafe.ie](http://www.staysafe.ie) will be part of the Primary School Curriculum for pupils from Junior Infants to 6<sup>th</sup> 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 Policy and Internet Acceptable Use Policy will be forwarded to you, upon your child's first day of enrolling in our school.**

**Signed: ..... (Parent/Guardian) Date: .....**

**Signed: ..... (Parent/Guardian) Date: .....**