*Dear Parent(s)/Guardian(s),*

*Enrolment for the academic year 2019 – 2020 will take place in Tullow Community School commencing on* ***Monday, 19th November, 2018 from 7.30 p.m. – 9.00 p.m, Tuesday, Wednesday, and Thursday between 10.00 a.m. and 4.00 p.m.***

*Staff will be available to assist with completion of the enrolment forms and to answer any questions you might have.*

*The following will be required for enrolment:*

* *Enrolment Form*
* *Copy of Pupils original Birth Certificate*
* *Pupil’s PPSN*
* *Two Passport Photographs (with name on the back)*
* *School Services Fees (Payable on enrolment) Also includes 24 hr Insurance*
* *Psychological Assessment (if applicable)*
* *Irish Exemption (If applicable)*

***Please note both a copy of the Psychological Assessment and Irish Exemption must be produced on enrolment night in order for your child to be placed in classes for learning support.***

*School Services Fees for 2019-2020 are as follows:*

*1 Child attending this school Total € 70.00*

*2 Children attending this school (additional €50.00) Total €120.00*

*3 Children attending this school (additional €30.00) Total €150.00*

*M****aximum €150 per family.***

*All applicants will be informed in writing by Friday 14th December, 2018 as to whether or not they are being offered a place. Those offered a place must confirm in writing by Friday 21st, December, 2018, their intention to accept/decline the offer. Failure to respond by this date will result in the offer being withdrawn and the place being allocated to the next applicant on the list (if applicable).*

*The Schools Admission Policy and Code of Behaviour are available for download on the school website* [*www.tullowcommunityschool.ie/policies*](http://www.tullowcommunityschool.ie/policies)*.*

*We welcome your son/daughter to Tullow Community School.*

*Yours truly,*

*Paul Thornton,*

*Principal.*

**Tullow Community School**

###### Photo

##### Enrolment Form - Year 2019/2020

*Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(as on Birth Certificate)*

*Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Pupil’s PPS No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_/\_\_\_/\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_*

*Country Of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year for which you wish to enrol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(1st. 2nd, 3rdetc)*

*Home Phone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Father's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(if different from above)*

*Mobile No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Place of work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Work Phone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*No. of children in family:\_\_\_\_\_\_\_\_\_\_\_\_\_ Place in family:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Are you the holder of a Medical Card? Yes [ ] No [ ] Medical Card No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Brother/Sister now in this school:*

*Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_*

*Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_*

*(1st, 2nd, 3rd)*

*School attended last year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Principal's name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Class completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Examinations taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Examination results:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*PTO/:*

***Personal Record:***

1. *Family doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctors Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
2. *Contact person in case of emergency:*
3. *Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
4. *Is your child on medication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

4 *Has it ever been suggested by your G. P., Public Health nurse or other relevant person that your child be referred for:*

1. *Extra hearing test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
2. *Testing of vision:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
3. *Speech and language therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_*

*5 Please give details of any medical condition about which we should be aware? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Special Educational Needs****: Yes No*

*Did your child attend Learning Support/Resource Classes: [ ] [ ]*

*Does your child have an official Irish Exemption [ ] [ ]*

*Does your child have an Exemption from a Foreign Language [ ] [ ]*

1. *Has your child been referred for Psychological/Psychiatric testing: [ ] [ ]*
2. *Counselling: [ ] [ ]*
3. *Does your child have an SNA [ ] [ ]*

**If your child has had a professional assessment of any kind, a copy of the report must be produced on enrolment night in order that the necessary resources may be accessed.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Parent’s Signature)*

*Any other relevant information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Check List. Yes No***

***Has the psychological/psychiatric report been delivered to the school with [ ] [ ]***

***Enrolment form:***

***Has the Irish Exemption Certificate been included with Enrolment Form [ ] [ ]***

***If not please forward to the school as soon as possible.***

***(DELETE AS APPROPRIATE)***

*I consent [ ] I do not consent [ ]to the publication of photographs of my child’s involvement in*

*school activities.*

*Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Enrolled by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# PROPOSED FIRST YEAR CURRICULUM 2019/2020

Pupil's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following subjects will be taken by all pupils:

ENGLISH PHYSICAL EDUCATION (P.E.)

IRISH RELIGIOUS EDUCATION (R.E.)

MATHEMATICS SOCIAL, PERSONAL & HEALTH EDUCATION

SCIENCE (S.P.H.E.)

HISTORY CIVIC, SOCIAL & POLITICAL EDUCATION (C.S.P.E.)

GEOGRAPHY

In addition, three option subjects will be taken. Please select one subject from the option listed below:

**Option 1**

|  |  |
| --- | --- |
| French |  |
| German |  |

**OPTION 2** **Please number the boxes in order of preference. e.g. 1,2,3**

|  |  |
| --- | --- |
| Art |  |
| Business Studies |  |
| Home Economics |  |
| Metalwork |  |
| Technical Graphics |  |
| Woodwork |  |
| Music |  |

If pupils wish to take French, German or Art for Leaving Certificate, we strongly advise that the subject be taken at Junior Certificate level. All other subjects can be taken up for the first time at senior level.

There is a maximum class size which may affect the availability of the subjects chosen but every effort will be made to cater for each pupil's needs.

**It should be noted that curriculum changes are underway nationally with the proposed reform of the Junior Cert. Hence it may become necessary to introduce changes to the curriculum of which we will keep parents informed.**

Pupil's Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian's Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pupil’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_

**CODE OF BEHAVIOUR CONTRACT**

**I agree to accept the Code of Behaviour and Policies of the school.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student

I agree on behalf of my son/daughter that the Code of Behaviour is acceptable and I will support the school in upholding the standards set out under the Code.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Guardian

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Guardian

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_