

# Welcome to



# Enrolment Pack

# 2024/25

# Holy Angels National School

Clogher,  
Claremorris,  
Co. Mayo.  
F12RC95



T: 094-9360316  
E: [principal@holyangelsns.ie](mailto:principal@holyangelsns.ie)  
Web: [www.holyangelsns.ie](http://www.holyangelsns.ie)  
Roll: 17482P

## Message from the Principal

Hello and welcome to Holy Angels National School, Clogher.

I hope you and your son/daughter are looking forward to your child starting school in September. We certainly are looking forward to meeting them.

Holy Angels NS is a wonderful place and a great school. We hope both you and your child look forward to many happy years here.

We look forward to teaching your child in September and to hearing all their lovely stories and news.

Mr Ormsby

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## General Information

### School Opening Times

<b>Opening time</b>	<b>9.10am</b>
<b>Closing time</b>	<b>1.50 (infant classes)</b>
	<b>2.50 (senior classes)</b>
<b>Break times</b>	<b>11.00-11.10 (small break)</b>
	<b>12.30-1.00 (big break)</b>

### School Uniform

- School uniform consists of grey pants ( boys), grey skirt/pinafore (girls), with blue shirt and navy jumper/cardigan.
- School tracksuit consists of navy cotton tracksuit bottoms and crew neck jumper. Iron on crests are available from the school secretary.
- All children's' coats, hats, jumpers, tops etc. should be **clearly marked** to avoid confusion and sometimes tears!

### School Lunches / Healthy Lifestyle

- School Lunches are provided daily for the children free of charge (DEIS Rural). Details of the scheme are communicated to parents at the start of the school year.

### Book Rental Scheme:

- School books/workbooks and copies are provided for free under the Free Books Scheme.

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## ENROLMENT FORM 2024/25

Name of child (as per birth cert.): .....

D.O.B. ....

Gender (Circle):    M                    F

P.P.S Number.....

Address (incl Eircode): .....

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

Date & Place of Baptism:.....

Pre School Attended: .....

Previous School Attended.....

Fathers Name: ..... Mothers Name:.....

Address: (If different from Childs)    Address: (If different)

.....

.....

.....

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Occupation: ..... Occupation .....

Tel: Home..... Tel: Home.....

Work:..... Work:.....

Mobile:..... Mobile:.....

Person to contact if child becomes ill in school and parents cannot be contacted:

Name: ..... Phone No.: .....

Address: .....

Relationship to Child: .....

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**Who are the legal Guardians of your child? .....**

**Does any legal order under family law exist that the school should know about?      Yes                  No**

**(If yes please confirm the same with the Principal)**

**Prior to this year, has your child attended : (circle appropriate)**

**Child care                  family care                  montessori                  other**

**Is English the only language spoken at home?      Yes                  No**

**If other languages are spoken, please list: .....**

**Please provide below the names, addresses and mobile telephone numbers of the people who have permission to collect your child from school.**

No.	Name & Address of Person Collecting	Mobile Tel. No.
1		
2		
3		
4		

**Name of Family Doctor: .....**

**Does your child have any medical problems or are they taking any medication that the school needs to know about?**

.....  
.....

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**Does your child have any known allergies that the school needs to know about? If yes, please specify: (Please note we are a nut free zone)**

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**Has your child ever had any type of assessment? (e.g. Speech Therapy, Psychology, Occupational Therapy)**                      **Yes**                      **No**

**If yes, please provide details:**

.....  
.....  
.....

**If there are any reports pertaining to your child's health, speech, hearing or developmental progress, of which the school should be made aware, please contact the Principal**

**Is your child able to attend to his/her toileting needs?    Yes            No**

**Are there any further issues you feel the school may need to know about?**

.....  
.....

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**ALADDIN CONNECT:** The school uses Aladdin Connect to communicate with parents. Please give your preferred mobile numbers to receive your registration and login codes:

**Mothers Mobile**

.....

**Mothers Email**

.....

**Fathers Mobile**

.....

**Fathers Email**

.....

We would ask Parents to please attach a copy of your child's birth and baptismal certificates. If you attach the originals we will make a copy and return the originals to you.

**IMPORTANT:** Please inform us immediately of any changes to your personal details (e.g. mobile phone numbers, emergency contacts, people collecting your child from school etc.)

In signing this form I acknowledge that I have read and accept the school's policies in relation to enrolment/admission, behaviour/anti-bullying and acceptable use of the internet (see [www.holyangelsns.ie](http://www.holyangelsns.ie)) and that I/we shall make all reasonable efforts to ensure compliance with such policies by our son/daughter. The above-named policies are available from the school website or a hard copy is available from the office on request.

**SIGNED:**

Mother.....

Father .....

Date: .....

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## For office use only

Child's registration no:

Class: Junior infants ..... Senior Infants .....

1st..... 2nd..... 3rd .....

4th ..... 5th..... 6th .....

Date of Entry: .....

Date of Leaving .....

Baptismal Cert: YES/NO

Birth Cert: YES/NO