Scoil Naomh Muire Eas Géitine

Askeaton, Co. Limerick

Tel: (061) 398183

Email: secretary@scoilnm.ie
Web: https://www.scoilnm.ie
Roll number: 20561F
Charity Reg. No. 20206470

Enrolment Form

Name:_____ **Date of Birth:**_____

PPS number:_____

Address:_____

Eircode: (P.O.D. requirement) _____

Please note that all correspondence will be sent to child's address above, unless otherwise informed. Please contact the school if you wish both parents/guardians to receive notification regarding Parent/Teacher meetings, reports etc.

Telephone No.:
Home:_____**Daytime contact:**_____**Mobile:**_____

Email Address:_____

Religion:_____

Scoil Naomh Muire Eas Géitine is a Catholic school and as such it has a Catholic ethos.

Please include a copy of child's Birth Cert and Baptismal Cert (if applicable) with this application.

Mother's Name:_____ **Father's Name:**_____

Number of children in family:_____ **Place in family:**_____

A legal guardian, whether custodial or non-custodial, has (in the absence of a Court Order limited these rights) entitlement to participate in decisions about a child's education and receive, or have access to, information about a child.

Parent/Guardian name: _____ **Legal Guardian: Yes** ☐ **No:** ☐

Parent/Guardian name: _____**Legal Guardian: Yes** ☐ **No:** ☐

Does any legal order under Family Law exist that the school should know about, if yes give brief outline:

_____

The school should also be made aware 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:

_____

<u>Medical Details:</u>

Does your child have any medical problems, known allergies, dietary requirements or restrictions:

_____

_____

Are there any special needs you may perceive your child to have?

_____

_____

Family Doctor:_____ Telephone No. _____

In the event of an emergency, do you give permission to have your child attended by an available doctor or brought to hospital?_____.

In the case of minor accidents, such as slight cuts and grazes, the cut is normally washed with water. If the accident is serious parents are informed immediately and are asked to collect the child to bring him/her for treatment.

If your child becomes ill or suffering an injury at school and you are not available, please give the names and telephone numbers of at lease two people <u>who must be available during school hours</u> who may be contacted.

Name:	**Number:**
1._____	**1._____**
2._____	**2._____**

Does your child have any food allergies?_____

_____

Parent(s) / Guardian(s):_____ Date: _____

Education Details:

Did your child attend Pre/Play school? Yes/No_____ If yes, where_____

Other primary school(s) attended: _____

Current Class:_____ Tel No. Of previous school:_____

Please enclose school report if transferring school

Has your child ever attended: Speech Therapist_____ Occupational Therapist_____

Psychologist_____ Counselling_____ Other(give details)_____

If yes, a copy of reports should accompany this form.

Does your child have any physical or emotional problems which might affect his/her ability to learn and/or to interact with staff and students?_____

If yes, please specify:_____

Any other useful information for instance list any problems child has in relation to health, toilet training, buttons, laces etc_____

Please nominate one mobile number for use by the school for Text-a Parent and emergencies.

_____

Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine please inform the school in writing.

_____ **Phone:**_____

_____ **Phone:**_____

_____ **Phone:**_____

Consent Details:

Do you accept, and agree to be bound by school policies? _____(see www.scoilnm.ie)

I have read and agree to the School Code of Behaviour?_____

Signed:_____ (Parent/Guardian)

Assessment and Support :

Screening Tests are carried out in the school on all children from Junior Infants to 6th class. During my child's time in Scoil Naomh Muire Eas Géitine, I understand that these tests will form a routine part of my child's time in this school and give my permission for my child to undertake such tests when requested.

Signed:_____ (Parent(s)/Guardian/s)

Diagnostic Testing :

During my child's time in Scoil Naomh Muire Eas Géitine, it may be necessary from time-to-time for teachers to carry out diagnostic testing with my child, on an individual basis, in order to help them in their educational development. I give my permission for any necessary diagnostic tests to be carried out with my child.

Signed: _____(Parent(s)/Guardian/s)

Educational Reports:

I give permission for my child's educational report cards to be transferred to the school's database.

Signed:_____ (Parent(s)/Guardian/s)

Psychological and Medical Reports:

If my child has had any psychological or medical reports, I give permission to the school to access these reports from their previous school.

Name and address of Previous School attended:_____

_____

Signed:_____ (Parent(s)/Guardian/s)

HSE:

I give permission to allow my child's details (name, address, date of birth, etc) to be given to agencies such as HSE (school nurse, doctor, dentist), etc.

Signed:_____(Parent/Guardian)

My child's uniform being changed by an adult member of staff in the presence of another adult in case of illness or toilet accident: Yes ☐ No ☐

During school year all classes take part in out of school excursions to the Church, Garden of Remembrance, Curraghchase, Swimming Pool, Tours, Walks, G.A.A. field etc. Do you consent to your child taking part in these trips.

I consent: ☐ **I do not consent:** ☐

Parent(s) / Guardian (s):_____ Date:_____

During the school year photos may be taken of your child and class group. These may be sent with your child's name to the local paper or used on school noticeboards, in church or uploaded to our school website or twitter account.

I consent: ☐ **I do not consent:** ☐

Parent(s) / Guardian(s): _____Date: _____

I consent to my child's participation in the RSE programme.

Parent(s)/Guardian(s): _____Date: _____

I consent to my child's participation in the Stay Safe programme.

Parent(s)/Guardian(s): _____Date:_____

Primary Online Database

There are three categories of pupil data which will be shared by schools with the Department of Education and Skills. Category 1 information covers data that is required to validate the pupil's identity. This information will be transferred to the PPSN validation service of the Department of Expenditure and Reform or the Department of Social Protection for validation purposes only.

Category 1 information also covers pupil level data which is necessary for policy and planning purposes within the Department of Education and Skills. A full listing of the variables collected, along with the purpose for each piece of information, can be found in appendix a of the air Processing Notice for the Primary Online Database, available at www.education.ie.

Category 2 covers sensitive personal data which the Department asks primary schools to furnish, and which requires your written consent for your child's school to record this information and for the school to forward this information to the Department for purposes as outlined in circular 001/2014, a copy which is available at www.education.ie or on request from your child's school. Your consent is also required for this information to be forwarded to any other primary school your child may transfer to during their time in the primary school.

Category 3 data is information which is required at school level only and will not be accessible to the Department of Education and Skills. This data will be kept on your child's POD record for the duration of their primary schooling and for two years afterwards.

Please enter the following details in BLOCK CAPITALS

Name of School: _____

Name of parent/Guardian: _____

Name of Student: _____

1. **What is your child's religion?**

   _____

2. **To which ethnic or cultural background group does your child belong (please tick one)?**

   - **White Irish**
   - **Irish Traveller**
   - **Roma**
   - **Any other white Background**
   - **Black African**
   - **Any other Black Background**
   - **Chinese**
   - **Any other Asian Background**
   - **Other, including mixed race backgrounds**

I consent for this information to be stored on the Primary online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.

Signed: _____ Date:_____
Parent/Guardian/Student

Please complete this form and return to your primary school. This form will be retained by the primary school and will be made available for inspection by authorised offices of the Department or from the Office of the Data Protection Commissioner.

Other information that the school requires:

Birth Certificate Forename (First name)	
Birth Certificate Surname (Last name)	
PPSN number	
Nationality	
Mother's maiden name	