

Scoil Mhuire Réalt na Mara, Brittas Bay, Co. Wicklow



Telephone: 0404 47488

Roll No: 11372B

Email: office@brittasbaywicklow.com

website: www.brittasbayns.com

Application for Admission

General Information on Child

First Name:	Surname:	
PPS Number:	DOB:	Gender:
Religion:	Nationality:	Mother's Maiden Name:
Home Address:		
Eircode:		

Siblings in the school: Yes No (Please tick)
Name(s) of sibling(s) – please include the sibling(s) current class(es):

Place in family:

General Information on Parent(s)/Guardian(s)

Parent/Guardian	Parent/Guardian
Name:	Name:
Address (if different from child's):	Address (if different from child's):
Mobile No:	Mobile No:
Work No:	Work No:
Occupation:	Occupation:
Email address:	Email address:

Preferred number for receiving text messages:

This Application MUST be accompanied by your child's ORIGINAL birth certificate and a copy of a Utility Bill as confirmation of address. We also require a copy of any Assessments / Reports / Diagnosis. The School will make a copy of the document(s) submitted and will return all of the original documents.

Child's Current School		
Current Class	School Year Application	Class Application
Emergency Contacts		
In the event that we cannot contact either parent/guardian, please list the name and contact information for additional emergency contacts		
Name of Emergency contact	Contact Number for Emergency Contact	Relationship to Child
Name of Emergency contact	Contact Number for Emergency Contact	Relationship to Child
Name of Emergency contact	Contact Number for Emergency Contact	Relationship to Child

Should any of these numbers change while your child is attending this school please inform us immediately.

In the event of an emergency, should we be unable to contact you, do you give permission to the School to bring your child to doctor/hospital?

Yes: No:

Signed: _____ Date: _____

Please make the above arrangements clear to your child.

Name and Address of Family Doctor _____

Contact Phone Number for Family Doctor _____

Name and Address of Family Dentist _____

Contact Phone Number for Family Dentist _____

Has your child received all Vaccinations to date Yes: No:

Medical Card Holder: Yes () No ()

Is your child baptised? Yes () No () If yes, please enclose a copy of the baptismal Certificate. This will be required if your child is making their first Holy Communion and Confirmation in the parish.

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

Person who usually collects child(ren)

_____	Phone _____

Data Privacy Statement

The information provided on this form will be used by Scoil Mhuire Réalt na Mara to apply the selection criteria for enrolment and to allocate school places in accordance with the School's Admission Policy and the School's Annual Admission Notice.

Where a pupil is admitted to the school, the information will be retained on the pupil's file.

On acceptance of an offer of admission, this information will be entered in the School Administration System Aladdin and will be uploaded to the Primary Online Database. The Primary Online Database (POD) is a nationwide individualised database of primary school pupils, hosted by the Department of Education and Skills.

In the event of oversubscription, a waiting list of students whose applications for admission to Scoil Mhuire Réalt na Mara were unsuccessful due to the school being oversubscribed will be compiled, and will remain valid for the school year in which admission is being sought (See Section 13 School Admission Policy).

Where a child's name is placed on a waiting list, and the child is not admitted to the school, the information provided on this form will be retained for the duration of the school year and will be securely destroyed thereafter.

Section 66(6) of the Education (Admission to Schools) Act 2018 allows for the sharing of certain information between schools in order to facilitate the efficient admission of students. The information which may be provided to a patron or another Board of Management for this purpose may include all or any of the following:

- (i) the date on which an application for admission was received by the school;
- (ii) the date on which an offer of admission was made by the school;
- (iii) the date on which an offer of admission was accepted by an applicant;
- (iv) a student's personal details including his or her name, address, date of birth and personal public service number (within the meaning of section 262 of the Social Welfare Consolidation Act 2005).

INTERNET PERMISSION:

I have read the Internet Acceptable Use Policy on the website and grant permission for my child to access the internet. I understand that school internet usage is for education purposes only and that every reasonable precaution will be taken by the school to provide for online safety. I accept my own responsibility for the education of my child on issues of Internet Responsibility and Safety. I understand that having adhered to all the enclosed precautions, the school cannot be held responsible if my child tries to access unsuitable material.

Signature: _____ Signature: _____
Parents / Guardians Parents / Guardians

Date: _____



PHOTOGRAPHS OF STUDENTS:

The school maintains a database of photographs of school events held over years. It has become customary to take photos of students engaged in activities and events in the interest of creating a pictorial as well as historical record of life at the school. Photographs may be published on our school website or in brochures, yearbooks, newsletters, local and national newspapers and similar school-related productions. In the case of website photographs, student names will not appear on the website as a caption to the picture. If you or your child wish to have his/her photograph removed from the school website, brochure, yearbooks, newsletters etc. at any time, you should write to the school principal.

Consent:

If you are happy to have your child's photograph taken as part of school activities and included in all such records, please sign below.

Signed: _____
Parent/Guardian/Student

Date: _____



STAY SAFE PROGRAMME / RSE PROGRAMME:

I understand that participation in the Stay Safe Programme is compulsory and accept my child's participation in the Stay Safe / RSE Programmes.

Signature: _____ Signature: _____
Parents / Guardians Parents / Guardians

Date: _____

**** If you wish to withdraw consent at any time, please contact the school****

Data Protection Statement

Personal Data on this Form:

Scoil Mhuire Réalt na Mara is a data controller under the Data Protection Acts, 1988 – 2018 and EU GDPR. The personal data supplied on this Enrolment Form is required for the purposes of:

- student enrolment
- student registration
- allocation of teachers and resources to the school
- determining a student's eligibility for additional learning supports
- school administration
- child welfare (including medical welfare)
- and to fulfil our other legal obligations.

School Contacting You

Please confirm if you are happy for us to contact you by SMS/text message and to call you on the telephone numbers provided and to send you emails for all the purposes of:

- sports days
- parent teacher meetings
- school concerts/events
- to notify you of school closure (e.g. where there are adverse weather conditions)
- to notify you of your child's non-attendance or late attendance or any other issues relating to your child's conduct in school
- to communicate with you in relation to your child's social, emotional and educational progress and to contact you in the case of an emergency.

Tick box if "yes" you agree with these uses

Use your email address to alert you to these issues?

Use your mobile phone number to send you SMS texts to alert you to these issues?

Use your mobile phone/landline number to call you to alert you to these issues?

Please note: Scoil Mhuire Réalt na Mara reserves the right to contact you in case of an emergency relating to your child, regardless of whether you have given your consent.

While the information provided will generally be treated as private to Scoil Mhuire Réalt na Mara and will be collected and used in compliance with the Data Protection Acts 1988 -2018 and EU GDPR, from time to time it may be necessary for us to transfer your personal data on a private basis to other bodies (including the Department of Education & Skills, the Department of Social Protection, An Garda Síochána, the Health Service Executive, Tusla (CFA), social workers or medical practitioners, the National Educational Welfare Board, the National Council for Special Education, any Special Education Needs Organiser, the National Educational Psychological Service, or (where the student is transferring) to another school). We rely on parents/guardians and students to provide us with accurate and complete information and to update us in relation to any change in the information provided. Should you wish to update or access your/your child's personal data, you should write to the school principal requesting an Access Request Form.

Consent:

I consent to my child's data being collected, processed and used in accordance with the Data Protection Policy during the course of their time as a student in this school.

Signed: _____ (Parent / Guardian) Dated: _____

Please note: A full copy of the Data Protection Policy is available on our school website www.brittasbayns.com

CHILD PROFILE
(For school records only)

Family

Child's Name: _____

Is your child living with (circle appropriate): Both Parents One Parent
 Grandparents Carers Other

****If this form is being completed by one parent only, please read and sign the following:**

I _____ (parent) confirm that both parents of _____

(child's name) are aware and consent to this enrolment application being made to Scoil Mhuire Réalt na Mara.

Signed: _____
Parent

Dated: _____

Who are the legal guardians of your child? _____

If there is any relevant legal documentation, we should have please give details and supply a copy e.g.

Guardianship, Barring Orders, Access etc. _____

Medical/Educational:

Medical conditions we should know about: - Please tick.

1. Speech [] Hearing [] Sight [] or other difficulties []
2. Medical Conditions – Asthma [] Epilepsy [] Heart Conditions [] Diabetes [] Other []
3. Allergies – Wasp Stings [] Food [] details _____
Other allergies: [] details: _____
4. Emotional Problems [] details _____
5. Laterality - Right Handed [] Left Handed [] Mixed []
6. Additional Information – Please give details and specify any condition not listed above which might be considered to affect the child's ability to benefit from school. If there are any medical reports in relation to any of the above, could you please furnish the school a copy of same.

7. Does your child require regular medication? Yes [] No [] *Please note that a medical indemnity form will be required to be signed by you and kept on file if your child needs to receive regular medication during the school day. This form is available from the school office and on the website.*

8. Does your child show any behaviour challenges? _____

9. Did your child attend playschool and/or crèche? _____

Name of Playschool: _____ Dates: _____

Name of Crèche _____ Dates: _____

10. Are there any issues you think the school may need to know about? _____

11. Does your child have any special educational, physical, emotional, language etc. needs? _____

12. Has your child ever been assessed for any reason? Yes No

13. If yes, are reports available? Yes No

13. Has there been any major trauma in your child's life? _____

OPTIONAL INFORMATION

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. Religion and ethnic and cultural background are special category data under the General Data Protection Regulation (GDPR). Mother tongue is personal category data requiring consent for collection. While these questions are optional, written consent is sought by the student's school to record this information and for the school to forward this information to the Department.

The information would be very useful to the Department for statistical and research purposes. Aggregated information on Ethnic/Cultural background will be used to track the progress of these groups, and to compare their progress with other groups, thereby identifying gaps in the system and assisting in the development and implementation of appropriate policies and interventions. Aggregated information on religion will be used for statistical purposes only. Mother tongue is collected to identify, monitor and evaluate the need for English as an additional language (EAL) support. Parents/guardians have the option to identify their children's religion, ethnic background or if mother tongue is English or Irish and to consent for this information to be transferred to the Department of Education and Youth. This page of the form will be retained by your primary school.

Special category data

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

(Categories based on the Census of Population)

- White Irish Irish Traveller Roma Any other White Background
Black or Black Irish - African Black or Black Irish - Any other Black Background
Asian or Asian Irish – Chinese Asian or Asian Irish - Indian/Pakistani/Bangladeshi
Asian or Asian Irish - any other Asian background Other, including mixed background – Arabic
Other, including mixed background – All Others No Consent

What is your child’s religion?

- Roman Catholic No Consent No Religion
Muslim (Islamic) Church of Ireland (Anglican) Orthodox (Greek, Coptic, Russian)
Christian Religion (not further defined) Apostolic or Pentecostal Other Religions
Hindu Presbyterian Atheist
Baptist Buddhist Protestant
Jehovah’s Witness Methodist, Wesleyan Lutheran
Agnostic Evangelical Jewish

Personal category data

Is one of the pupil’s mother tongues (i.e. language spoken at home) Irish or English?

- Yes No No Consent

I consent for the special category data in the two questions and the personal category data question to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Youth and any other primary schools my child may transfer to during the course of their time in primary school.

Signed: _____

Parent/Guardian

Date: _____

Declaration:

I/We being the Parent(s)/Guardian(s) of the applicant do hereby confirm that the above information is true and accurate and I/we consent to its use as described.

Parent/Guardian’s Signature:

Parent/Guardian’s Signature:

Date:

Date:

Office Use only:

*Date Application Received	D	D	M	M	Y	Y



To be completed if your child is transferring from another Primary School

Childs Name: _____ DOB: _____

Previous School: _____

Address: _____

Telephone: _____

What class was your child in when he/she left the school? _____

Reason for Transfer: _____

Have you enclosed a copy of the most recent school report and attendance record?

Yes No

Note: We require reports from previous schools in order to meet the needs of your child.

I give permission for Scoil Mhuire Réalt na Mara to contact previous school to attain copies of reports and attendance record.

Signature: _____

N.B. All forms: must be completed in full and returned to the school before a new pupil will be enrolled in the school. Proof of address must accompany the application.

Enrolment Application Form

Birth Certificate

Give details of any health conditions (e.g. asthma, eyesight, hearing, allergies, etc.) or emotional problems which may affect your child at school

Has your child any physical or mental disabilities? If so are there any specific equipment/resources that the school will require for your child?

OFFICE USE

Principal's signature: _____

Date: _____

Birth Certificate received: Yes No

Baptismal Certificate received: Yes No Not applicable