



Scoil Mhuire Ogh 1

Loreto Senior Primary School,

Crumlin Road,

Dublin 12.

Email: office@lspc.ie

Tel: (01) 454 1669

ENROLMENT FORM

*Items marked with an * are required for the Department of Education and Skills Primary Online Database (P.O.D.) and will be recorded on Aladdin, our administration software.*

(First name and surname as appears on Birth Certificate)

*First Name: _____

*Surname: _____

Please circle: Male Female

Child's first language: _____

*Address: _____

_____ *Eircode: _____

*Date of Birth: _____

*PPS No: _____

*Nationality: _____

Home Telephone No: _____

Parent/Guardian 1: _____

Mobile: _____

Email: _____

Parent/Guardian 2: _____

Mobile: _____

Email: _____

Emergency Contact 1: _____

Relationship to Child: _____

Telephone: _____

Emergency Contact 2: _____

Relationship to Child: _____

Telephone: _____

Name, address and phone number of current school: _____

Class to which your child is entering: _____ Year of entry: _____

Siblings attending Loreto Senior Primary School: _____

ADDITIONAL NEEDS

*Has your child ever been assessed by an Educational Psychologist, Speech Therapist or Occupational Therapist or has an assessment been recommended? Yes No

If yes please give a copy of the report to the principal.

*Does your child attend Learning Support?

Yes No

SCHOOL POLICIES

School policies can be viewed at www.loretoseniorprimarycrumlin.ie. I agree to support my child in adhering to the school's rules and to support the school to implement school policies including:

- Code of Behaviour
- BÍ Cinéalta (Anti-Bullying Policy)
- Attendance Policy
- Uniform Policy

Signed: _____ Parent/Guardian

SCHOOL WEBSITE/SOCIAL MEDIA CONSENT

We may wish to include photographs/videos of children or their work/activities on websites/social media approved by the school. No surnames or personal information will appear.

I consent to photographs of my child and his/her work/activities being included on the school's website/social media.

Yes No

Signed: _____ Parent/Guardian

MEDICAL CONSENT

Does your child suffer from any medical condition or allergy?

Yes No

If yes please give details:

In the event of serious illness/accident every effort will be made to contact parent(s)/guardian(s) by phone. In the event of you not being contactable:

Do you agree to allow a staff member to take your child to the health clinic/hospital/doctor? Yes No

Do you give permission for a staff member to sign a hospital consent form? Yes No

Doctor's Name: _____ Telephone No: _____

Doctor's Address: _____

Child's Name in full: _____

Signed: _____ Parent/Guardian

TEXT-A-PARENT

We have adopted an additional method of School-Home communication called 'Text-a-Parent' and request your cooperation to ensure its effectiveness. Our aim is to keep parents fully informed of important information, date or time changes of events and reminders of up-coming school related activities. However, most communication will continue to be done by letter. Please ensure that we have your most up-to-date and reliable number at all times.

Child's Name: _____

Please indicate the phone number which should receive text messages from the school.

Mobile Phone Number: _____ (Please give one mobile number)

Relationship to Child:

Mother		Father		Guardian		Other (please specify)
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GENERAL CONSENT

Please circle Yes or No

I give permission for Loreto Senior Primary School to request school reports from other schools and relevant bodies to include professional reports/end-of-year reports and school attendance records.	Yes	No
I give my permission for Loreto Senior Primary School to share my child's personal information ie. Name, Address, Date of Birth, Contact Details with the Health Services Executive for the School Dental/Vision Programme.	Yes	No
I give my child permission to go on school tours and outings in the locality – park, library etc.	Yes	No
I give permission for my child to visit the church.	Yes	No
I give permission for my email address to be shared with Glanmore (lunch providers) for the purpose of accessing the app to order/change my child's lunch.	Yes	No

PRIMARY ONLINE DATABASE (P.O.D.) CONSENT for Religion/Ethnicity/Cultural Background

All pupils must be registered on the Department of Education and Skills Primary Online Database (P.O.D.). Included in this registration is a request for information regarding Religion, ethnicity and cultural background. This information is deemed sensitive by the Data Protection Commissioner.

I consent to the information I provide regarding Religion, ethnicity and cultural background to be included on P.O.D.
 Signed: _____ Parent/Guardian Yes No

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 – Arab		Other, including mixed background – all others		No Consent	

What is your child's religion?

Roman Catholic		Church of Ireland (inc. Protestant)		Presbyterian	
Methodist, Wesleyan		Jewish		Muslim (Islamic)	
Orthodox (Greek, Coptic, Russian)		Apostolic or Pentecostal		Hindu	
Buddhist		Jehovah's Witness		Lutheran	
Atheist		Baptist		Agnostic	
Other Religions		No Religion		No Consent	

I consent for this information to be stored on the Primary Online Database (P.O.D.) 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: _____ Parent/Guardian

I give permission for Loreto Senior Primary School to request Loreto Junior Primary School to transfer my child's enrolment data electronically through Aladdin, the school's administration software.

Signed: _____ Parent/Guardian Date: _____

For Office Use Only: This enrolment form was received by _____ on _____.