



## APPLICATION FOR ENROLMENT

### 1. THE PUPIL

Pupil's name (as on birth cert.):			
Name Used (if different):		Gender:	
Eircode:	Address:		
Date of Birth:		Nationality	
Language(s) spoken at home:		PPS Number:	
Proposed date of enrolment:		Proposed class level:	
Names of siblings (present or past pupils only):			
Previous school / playschool:			
Previous class level if transferring from a different school.			
In the case of Catholic pupils, do you wish for your child to receive the sacraments of Reconciliation, Communion and Confirmation through the school? (tick one)			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

### 2. PARENTAL/GUARDIAN DETAILS

Please note, for logistical reasons, Parent 1 is the primary point of contact. Parents who wish to be dealt with separately must contact the school to make such arrangements. You must inform the school if changes in family arrangements arise.

	Parent/Guardian 1	Parent/Guardian 2
Name:		
Occupation:		
Nationality:		
Contact Numbers:		
Email:		
Address:		
Eircode:		

Relationship to child ( <i>mother/father/other guardian</i> ) Please provide details		
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**3. EMERGENCY CONTACTS**

	Emergency Contact 1	Emergency Contact 2
Name:		
Contact numbers:		
Relationship to pupil:		

**4. HEALTH & READINESS FOR LEARNING**

Has the pupil any medical condition, serious allergy, needs prescribed medication during school or any other condition which will impact his / her learning?  E.g asthma, ear infections, hay fever, toileting accidents etc  <b>If 'YES ', you must request, complete and submit a school medical form with this application</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child attended an Educational Psychologist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child attended an Occupational Therapist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child attended a Speech and Language Therapist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child attended an Assessment of Need service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any difficulty with hearing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any difficulty with speech?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any difficulty with vision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**If you answered ‘yes’ to any of these questions, you must submit the relevant reports / information with this application. This allows the school to provide assistance or access supports for your child where required.**

## **5. ACCESS TO/CUSTODY OF STUDENT**

If there are any orders or other arrangements in place governing custody of or access to the child, please provide details:

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## **6. CONSENT QUESTIONS**

Do you give your child permission to go on school trips and tours under teacher supervision (nature walk, visit local sites etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you give permission for your child to be photographed for school purposes such as classroom displays, school website, school social media, newsletters etc?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you give permission for your child to be photographed for purposes such as photographs to be sent to the local newspapers or for class photographs? Children will not be photographed individually or named fully as per the Scoil Bhríde Child Protection Policy.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sometimes the school is requested to pass on names and addresses of children to the HSE for immunisation purposes, to other schools when pupils are transferring or to outside professionals during assessments – do you consent to this?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### **Educational Screening Tests/Special Educational Needs Lessons**

During your child’s time in Scoil Bhríde, she will undergo various Educational Screening Tests, Standardised Assessments from 1<sup>st</sup> Class onwards and from time to time, may need to be withdrawn for additional support.

Parent/Guardian 1

Yes  No

Parent/Guardian 2

Yes  No

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

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

### **Internet Permission**

I have read the Internet Usage policy for Scoil Bhríde and grant permission for my child to access the internet. I understand that the school internet usage is for educational 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.

Parent/Guardian 1

Parent/Guardian 2

Yes  No

Yes  No

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

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

### Stay Safe

I understand that participation in the Stay Safe Programme is compulsory and accept my child's participation in the Stay Safe Programme. All data will be emailed to Parents/Guardians prior to these classes commencing.

Parent/Guardian 1

Parent/Guardian 2

Yes  No

Yes  No

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

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

## **7. DEPARTMENT OF EDUCATION PRIMARY ONLINE DATABASE (POD)**

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. Religion, ethnic and cultural background are considered sensitive personal data categories under data protection legislation. Therefore, it is necessary for each pupil's parent / guardian to identify their child's religion and ethnic background and to consent for this information to be transferred to the Department of Education and Skills. All other information held on POD was deemed by the Data Protection Commissioner as non-sensitive personal data.

Is your child's first language either Irish or English?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consent for this information to be stored on the POD and transferred to the Department of Education and Skills and to any other primary school your child may attend during the course of their Primary education?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## **8. CERTIFICATION**

1. I will support the Board of Management and the staff in their implementation of school policies. I am aware that all school policies including Code of Behaviour, Anti-Bullying, Attendance, Child Protection, Special Educational Needs, Mobile Phone Usage, Healthy Eating etc are all available on our website, can be emailed upon request or that a hard copy can be seen in our office. I have read them and agree that my child will be subject to these policies.
2. I agree to support the work of the principal and staff in their efforts to provide a positive learning experience for all children in the school. I agree to keep myself informed of my child's learning progress through involvement with his / her homework and Parent – Teacher meetings.
3. I undertake that my child will be punctual for school and that I will supply written explanations of any absence from school in accordance with the rules governing Primary Schools.
4. The information I have given is correct and accurate.

Parent / Guardians' Signatures: \_\_\_\_\_

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

**Checklist:**

I have completed all sections of this application	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I have enclosed a copy of the child's birth certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I have enclosed a baptismal cert (if engaging in the sacraments through school)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I have enclosed any professional reports in relation to my child	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I have enclosed a medical form (if applicable)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I understand that incomplete applications will not be queued for enrolment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**8. FOR OFFICE USE ONLY**

Complete application	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proposed date of Enrolment?		
Date received:		
Name:		
<b>Siblings in school</b>		<b>Parents as Past Pupils</b>
<b>Living in the Parish</b>		<b>Enrolment Category</b>
<b>Birth Cert</b>		<b>Baptismal Cert</b>
<b>Medical report</b>		<b>Professional Reports</b>