

# Scoil Náisiúnta Brighde, Tooreen.

## Enrolment Form 2026/2027

### Section 1: General Information

Name of Child (please include Birth Certificate) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Child's PPS No.: \_\_\_\_\_

Home Address (where child resides):

\_\_\_\_\_

Eircode: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact No: \_\_\_\_\_

Email Address: \_\_\_\_\_

If Applicable:

**Guardian's Name(s):** \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

**Emergency Contacts** (other than parent)

\_\_\_\_\_

\_\_\_\_\_

Name & Number

Relationship to child

**Nationality:** \_\_\_\_\_ **Country of Birth:** \_\_\_\_\_

If not born in Ireland, date on which child arrived in Ireland: \_\_\_\_\_

**Mother's Nationality:** \_\_\_\_\_ **Father's Nationality:** \_\_\_\_\_

**Religious denomination:** \_\_\_\_\_

If your child was baptised please state where: \_\_\_\_\_

Date of baptism: \_\_\_\_\_ (*Please include a copy of Baptismal Cert*)

**Pre- School:** Did your child attend pre-school: \_\_\_\_\_

Name of pre-school: \_\_\_\_\_

**Drop off/Collection**

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.**

**Person who usually collects child(ren)**

_____	Phone _____

Has your child ever had a psychological assessment? \_\_\_\_\_

Has your child ever received a speech and language report? \_\_\_\_\_

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled access to their child during school hours. If there is any change in this regard or if there is any other information which you think may be relevant **it is very important that the school is informed immediately.**

Other relevant information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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## Section 2: Health Information

### **School Emergencies/Sickness/Unexpected Closures, etc.**

The following information will be used by the school in the event of:

- Your child feeling sick.
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils.
- An unexpected closure of the school.

**If your child gets sick, or the school has to close unexpectedly, etc** and the school is unable to contact you, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.

### **Person the school will contact:**

1 _____	2 _____
_____	_____
_____	_____
Tel/mobile: _____	Tel/mobile: _____

### **Medical Emergency/Accident**

That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

I authorise that at their discretion, a member of staff may bring my child/children to a Doctor/Hospital if an emergency arises.

**Signed (Parent/Guardian)** \_\_\_\_\_

List of Children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Family Doctor**

Doctor's Name \_\_\_\_\_ Telephone No: \_\_\_\_\_

Do your child/children have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school?

\_\_\_\_\_

**It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies.**  
Do your child/children have an allergic reaction to medication or food?

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### Section 3: Consents

**Under GDPR the school is obliged to ensure that consent for the following has been obtained while your child is enrolled in S.N. Brighde, Tooreen.**

I consent to my child's participation in the RSE Programme

**Parents Signature:** \_\_\_\_\_

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

**Parents Signature:** \_\_\_\_\_

Screening Tests are carried out in the school on all children from Infants to 6<sup>th</sup> Class. I allow my child to do these tests.

**Parents Signature:** \_\_\_\_\_

I give permission for my child's photograph to be included on our school website/local newspaper

**Parents Signature:** \_\_\_\_\_

During your child's time in S.N. Brighde it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.

**Parents Signature:** \_\_\_\_\_

I give permission for my child to use/participate in online learning as part of the school's 'Blended Learning Programme'.

**Parents Signature:** \_\_\_\_\_

I give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE (school nurse, doctor, dentist) and Department of Education (pupil online data base).

**Parents Signature:** \_\_\_\_\_

I acknowledge that I have read and accept the Code of Behaviour, Anti-Bullying Policy, Administration of Medicines Policy and Internet Use Policy of S.N. Brighde, all of which are available to download from the school's website ([www.tooreenns.ie](http://www.tooreenns.ie)) Hard copies are available on request from the school office.

**Parents Signature:** \_\_\_\_\_

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### **Internet Permission Form**

Name of pupil: \_\_\_\_\_ Class: \_\_\_\_\_

As the parent or legal guardian of the above child I have read the Internet Acceptable Use Policy and grant permission for:

\_\_\_\_\_ (name of child) to access the Internet. I understand that 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: \_\_\_\_\_ Date: \_\_\_\_\_

### **School website, blogs and ePortfolio Permission Form**

In S.N. Brighde our aim is to offer your child the widest range of learning opportunities and celebrate learning whenever possible. This form asks you to consent (or otherwise) to your child's participation and use of digital media in school. At all times we ensure the very best efforts to exercise exemplary standards in respect to duty of care.

In offering your consent you also allow images, audio and video of your child and/or their work to be used at times outside the classroom environment. This may include digital images, audio and video taken electronically which may be placed on the school website to promote the school and/or included in student's ePortfolios and/or used for other school purposes.

This form will remain whilst your child is enrolled in school unless you advise otherwise.

Pupil's Name: \_\_\_\_\_

Please tick the box below:

Yes, I give consent to my child having his/her image and/or work published as described above

No, I do not consent to my child having his/her image and/or work published as described

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the **Primary Online Database**. Both religion and ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil's parents /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.

To which ethnic or cultural background group does your child belong (please tick one)?  
(Categories are taken from the Census of Population)

White Irish	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>	Roma	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Any other Black Background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Any other Asian	<input type="checkbox"/>	Other (inc mixed Background)	<input type="checkbox"/>

What is your child's religion ?

Roman Catholic	<input type="checkbox"/>	Church of Ireland (incl Protestant)	<input type="checkbox"/>	Presbyterian	<input type="checkbox"/>
Methodist, Wesleyans	<input type="checkbox"/>	Apostolic, Pentecostal	<input type="checkbox"/>	Muslim (Islamic)	<input type="checkbox"/>
Orthodox (Greek, Coptic, Russian)	<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>	Lutheran	<input type="checkbox"/>
Atheist	<input type="checkbox"/>	Baptist	<input type="checkbox"/>	Agnostic	<input type="checkbox"/>
Other Religions	<input type="checkbox"/>	No Religion	<input type="checkbox"/>	No Consent	<input type="checkbox"/>

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

Yes  No  No Consent  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 Skills and any other primary schools my child may transfer to during the course of their time in primary school.*

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

Parent/Guardian

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

**Please complete this form and return to your primary school.** For further information on POD please go to the Department of Education and Skills' website [www.education.ie](http://www.education.ie)

### **Aladdin and Aladdin Connect.**

We gather and process your child's personal data for the purposes of administering the education of your child. To facilitate this, we will input your child's data into the schools Management Information System, Aladdin. Aladdin is a secure software as a service application which is owned and run by Cloudware Ltd. (T/A Aladdin Schools), from where the data is only processed for the above purpose.

### **Section 4: Enrolment**

I wish to enrol my child \_\_\_\_\_ in S.N. Brighde, Tooreen.

Class your child is being enrolled into \_\_\_\_\_

I declare the above information completed in all sections of the Enrolment form to be correct and understand that it will be treated as confidential.

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

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

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

***Please ensure that you have included a Birth Certificate and Baptismal Certificate (if your child was baptised) with this form. These documents will be photocopied and returned to you.***

**Birth Certificate received: Yes  No**

**Baptismal Certificate received: Yes  No  Not applicable**