

Roxboro N.S.



Roxboro N.S. Enrolment Form 2024-25

Class Entered: _____ Date: ____/____/____

The D.E.S. has developed an electronic database of primary school pupils called the Primary Online Database (POD) which involves schools maintaining and returning data on pupils at individual pupil level on a live system. This information will be used to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns for grant payment, teacher allocation purposes, to follow up on pupils who do not make the transfer from primary to post primary level and for statistical reporting. The database will hold data on all primary school pupils. The database will also contain, on an optional basis, information on the pupil's religion and on their ethnic or cultural background. The data required for POD is highlighted.

1. Personal Details

- (a) Name of Child: _____
- (b) Name of Child (Birth Cert): _____
- (c) Date of Birth: ____/____/____ (d) PPS Number: _____
- (e) Address: _____
 _____ Eircode(s): _____
- (f) Child's Nationality: _____ (g) Gender: _____
- (h) Country of Birth: _____ (i) Child's Religion: _____
- (j) Mother's Maiden Name: _____ (k) English Spoken (Child): Yes No
- (l) English Spoken (Parent/s): Yes No (m) Language spoken at home: _____

- (n) To which ethnic or cultural background group does your child belong? White Irish Irish Traveller Roma Black African Any other White Background Any other Black Background Chinese Any other Asian background Other

- (o) Do you consent to uploading data relating to ethnicity to POD? Yes No

- (p) Family Doctor Name: _____ Telephone Number: _____

Medical History/Emergency/Accident

*In the event that the school cannot make contact with a parent/legal guardian during an **emergency or serious accident**, a member of staff may use his/her discretion to bring your child to a Doctor/Hospital. Every effort will be made to contact you. Please sign below if you authorise that, at their discretion, a member of staff may bring your child(ren) to a Doctor/Hospital if an emergency arises.*

Signature: _____

- (q) Does your child(ren) have any **specific medical condition** (e.g., asthma, diabetes etc). or emotional problems which may affect them at school? If so, please provide details:

- (r) It is the responsibility of parent(s)/guardian(s) to notify the school of any **allergies**. Please indicate, if applicable, what these are:

2. Contact Details

*Should your details change during the school year, please inform us **immediately**. Please fill, as appropriate:*

	Mother	Father
Name		
Address		
Contact no.		
Emergency no./alternative contact no.		
Email address		

Employment (if applicable)		
Nationality		

Legal Guardian's Name	
Address	
Contact no.	
Emergency no./alternative contact no.	
Nationality	

3. Collection (after school) Arrangements

Please list names and phone numbers of those (other than parents/legal guardians) who have permission to collect your child(ren) from school. If there is any update to this, please inform the school in writing (hard copy/email). Children will **not** be permitted to leave with anyone, other than those listed **in written format**, i.e., hand-written note, e-mail, updated contact list.

Name of Child: _____

	Name	Contact Number	Relationship to Child
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

4.			
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4. Educational Details

Did your child attend preschool? Yes No Dates of preschool education: _____ - _____

Name of preschool: _____

Have you enclosed your child's passport from preschool 'Mo Scéal'? Yes No

At what age did your child begin to speak? _____

Has your child had any language difficulties? If yes, please provide further details:

Has your child ever:

- (i) been referred to a Psychologist/Speech & Language Therapist/Occupational Therapist?
Yes No
- (ii) had a Psychological Assessment? Yes No
- (iii) received a Speech and Language report? Yes No
- (iv) attended Occupational Therapy? Yes No
- (v) had any other assessments? Yes No

If yes, please provide details and accompanying documentation:

If your child is transferring from another Primary School, please provide the following details:

Name and contact number of School	
Principal	

5. School Emergencies/Sickness/Unexpected Closures, etc.

- *If the school is unable to contact you, please provide the name and telephone number you nominate for us to contact. We will ask this person to come and collect your child(ren).*

Name	
Contact Number:	

6. Consent

a) Assessment Tests are carried out in the school on all children from Infants to 6th Class. From time to time, other assessments may be carried out as part of our commitment to school improvement.

I allow my child to do these tests.

b) During your child's education in Roxboro N.S, it may be necessary 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.

c) I give permission to allow my child to attend a Special Education Teacher if deemed necessary and/or to engage in focused extension work in groups.

d) I consent to my child going on and participating in general school outings, events and tours.

e) I give permission to allow my child's photograph/image/ work to be included in school-related activities, competitions, school website & school online media, use of Seesaw (please consult the school's Acceptable Use Policy: children's names and photos never appear together) etc.

f) 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, Presbytery, Secondary Schools, sporting events and school related activities etc.

g) I agree to co-operate with the school Board of Management regarding **all school policies**. These are available on our school website: www.roxboronsballinrobe.ie or on hard copy by request.

I wish to enrol _____ in Roxboro N.S, Ballinrobe, Co.Mayo.

I declare the above information to be correct and I consent to all of the above and understand that it will be treated as confidential.

Signature (parent/guardian): _____ Date: ____/____/____

Signature (parent/guardian): _____ Date: ____/____/____

Please ensure that you have included a Birth Certificate and PPS Number.

Principal's Signature: _____ Date: ____/____/____

In absence of Principal, the Acting Deputy will sign

ROXBORO N.S.