

St. Joseph's National School

Moneygall

Application for Enrolment

Note: All forms must be completed in full and returned to the school, along with a Birth Certificate as per Department of Education Ruling.

Any information you give on this form will be treated with the strictest confidence and only used for the benefit of your child.

Child's Name (As Birth Certificate)		Nationality	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	
Child's Address		Child's Eircode	
Preschool		Previous School & Class (if applicable)	
Contact No.			Contact No.
Mother's Name		Father's Name	
Address		Address	
Telephone No.		Telephone No.	
Email address		Email address	

Please circle the appropriate option below

My child will participate in the school's Catholic Religion Programme. Yes No
 Do you wish your child to receive the Sacrament of Holy Communion and
 Confirmation? Yes No

Place of Baptism

(Please provide a Baptismal Certificate, if applicable)

Contacts

***If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.**

Father's Name:

House telephone No: _____ Mobile No: _____

Mother's Name:

House telephone No: _____ Mobile No: _____

Guardian's Name:

House telephone No: _____ Mobile No: _____

Email address for correspondence, newsletters, policy updates etc: _____

Mobile number for 'Text-a-Parent': _____

Medical

Are there any medical conditions we should be aware of? Please circle the appropriate option and give details where appropriate

Speech: Hearing Sight Speech difficulties

Medical: Asthma Epilepsy Heart conditions Diabetes

Allergies: Food Wasp Stings

Emotional difficulties: _____

Laterality: Right handed Left Handed Mixed

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 reports in relation to any of the above, please provide a copy (eg speech and language, psychological reports, medical reports, occupational therapy reports etc)

If you would like to add any further information with regard to any item above please contact the school principal.

Collecting Pupils from School

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

Phone

Phone

Phone

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to 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:

If my child gets sick, or the school has to close unexpectedly, etc and there is no one at home/the school is unable to contact me, 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.

Name of contact:

Telephone:

Medical Emergency/Accident

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/Custodian]

Signed: _____ [Parent/ Guardian/Custodian]

List of Children _____

Trips to St. Joseph's Church Moneygall and to Moneygall Playground, Soccer Field and GAA Grounds

I hereby grant permission for my child/children to attend the local church for Mass on Holy days and other occasions, rehearsals for sacraments and other ceremonies etc I hereby grant permission for my child/children to go on class outings/walks to the School Playground, Soccer Field or GAA Grounds. . I understand that my child will be walking to and from the Chapel.

Signed: _____ [Parent/Guardian/Custodian]

Signed: _____ [Parent/Guardian/Custodian]

Assessments/Screening

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

Signed: _____ [Parent/Guardian/Custodian]

Signed: _____ [Parent/Guardian/Custodian]

During your child's time in St. Joseph's National School, 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.

Signed: _____ [Parent/Guardian/Custodian]

Signed: _____ [Parent/Guardian/Custodian]

Consent for Photographs and Digital Images and to publish photos on Website/Social Media

Sometimes journalists visit our school to take pictures of the children e.g awards/prizes, sporting events, first day at school etc. Do you give permission for your child to be photographed for school projects, local newspapers, and school related activities?

Signed: _____ [Parent/Guardian/Custodian]

Signed: _____ [Parent/Guardian/Custodian]

Our school maintains a database of photographs and digital images including videos of school events. Photographs and videos may be published on our school website, newsletters, calendars and local and national newspapers. In the case of website images, student's names will not be recorded with the picture. We seek your permission to allow our school to use these at the discretion of the school authorities in school publications/ website and our school blog & social media pages.

Signed: _____ [Parent/Guardian/Custodian]

Signed: _____ [Parent/Guardian/Custodian]

The Board of Management cannot be held responsible for pictures/videos taken by parents at School Matches, Celebrations, School Concert etc.

Do you give permission for your child's photo to be used on the school website?

Signed: _____ [Parent/Guardian/Custodian]

Signed: _____ [Parent/Guardian/Custodian]

Sharing of Family Details

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), etc.

Signed: _____ [Parent/Guardian/Custodian]

Signed: _____ [Parent/Guardian/Custodian]

I give permission to allow my mobile number: _____ to be used on Class Contact List

Signed: _____ [Parent/Guardian/Custodian]

Signed: _____ [Parent/Guardian/Custodian]

Consent to School Rules

In registering our child as a student of Scoil Iosaf Naofa, I/we understand that this implies a full acceptance of the rules of the school as outlined in the School Code of Behaviour. As a partner in the education of my child I recognise the need for me to do my utmost to support the work of the school.

Signed: _____ [Parent/Guardian/Custodian]

Signed: _____ [Parent/Guardian/Custodian]

Stay Safe Programme / RSE (Relationship and Sexuality Education)

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

Signed: _____ [Parent/Guardian/Custodian]

Signed: _____ [Parent/Guardian/Custodian]

School Uniform

Pupils are expected to wear their uniform every day. The school uniform consists of: a school uniform jumper with crest, a plain black trousers/tracksuit bottoms (no logos or leggings) and a red polo shirt. I/We will ensure that my/our child attends school wearing the correct uniform.

Signed: _____ [Parent/Guardian/Custodian]

Signed: _____ [Parent/Guardian/Custodian]

In signing this application form I am agreeing to support the Board of Management and staff in their implementation of the school's Code of Behaviour. I agree to support the staff in their efforts to provide a positive learning experience for all children in the school.

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

1st Parent/Guardian/Custodian's signature: _____

2nd Parent/Guardian/Custodian's signature: _____

Date: _____

Information for Department of Education and Skills Primary Online Database. The Department of Education and Skills has developed an electronic database of primary school pupils called the Primary Online Database (POD) which involves schools maintaining and returning data on pupils to the Department at individual pupil level on a live system. The database allows the Department to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns for grant payment and 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 including their PPSN, First Name, Surname, Name as per Birth Certificate, Mother's Birth Surname, Address (including Eircode), Date of Birth, Gender, Nationality, whether one of the pupil's mother tongues is English or Irish, whether the pupil is in receipt of an Exemption from Irish and if so the reason for same, and whether the pupil is in a Mainstream or Special Class. The database will record the class grouping and standard the pupil is enrolled in. The database will also contain, on an optional basis, information on the pupil's religion and on their ethnic or cultural background. **In order to assist with the gathering of data please complete this form in CAPITAL LETTERS and return to the school. The first page of this POD form will be destroyed by the school however the second page will be retained by the primary school.**

Teacher/Class Name _____ **Current Standard**

Junior Infants Senior Infants First Class
Second Class Third Class Fourth Class
Fifth Class Sixth Class Special Class

Pupil Forename: _____

Pupil Surname: _____

PPSN of Pupil: _____

Mother's Birth Surname _____

Pupil's Date of Birth: _____

Pupil's Gender: Male Female

Birth Cert Forename (if different from name above) _____

Birth Cert Surname (if different from name above) _____

Pupil Address: _____

Eircode: _____ **County:** _____

Nationality: _____ (In the case of dual citizenship, please specify both nationalities)

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

Yes No

Is the pupil's mother tongues (i.e. language spoken at home) is not Irish or English, what language is spoken at home? _____

Does the pupil hold an Irish Exemption? Yes No

(if so, please provide a copy of Irish Exemption Certificate)

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 special category data under the General Data Protection Regulation (GDPR). **These questions are optional.** While these questions are optional, 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. Parents/guardians are asked, if they wish to do so, to identify their children's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. This page of the form will be retained by your primary school.

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 - Any other Asian background Other (inc.mixed background) No consent

What is your child's religion?

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

I consent for the special category in the two questions above 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