

Appendix (2)

Enrolment Registration Form Scoil Naomh Erc. Glenderry

Full name of child: _____

Date of birth : _____ Gender _____ PPS No. _____

Parent(s)/Guardian(s) Details:

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

_____ Eircode: _____ Occupation: _____

Home Tel. _____ Mobile _____ Email. _____

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

_____ Eircode: _____ Occupation: _____

Home Tel. _____ Mobile _____ Email. _____

Name & address to which correspondence/reports regarding your child/ward should be sent:

Religious denomination: _____

Date & place of Baptism : _____

Any previous childcare/ pre-school/school attended : _____
class _____ (in that setting)

Arrangements to be made if the child is ill in school : _____

Name of family doctor : _____

Irish version of child's name: _____
(otherwise school will translate)

Has your child ever attended Speech and Language Therapy? Yes No

Has your child ever received a Speech & Language Report? Yes No

Has your child attended Occupational Therapy? Yes No

Has your child ever received an Occupational Therapy Report? Yes No

Do you give permission to take the child straight to hospital in case of serious illness or accident? Yes No

Does any legal order under family law exist that the school should know about?

Yes No

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

Yes No

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

Yes No

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

Yes No

During your child's time in Scoil Naomh Erc, it may be necessary from time to time 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.

Yes No

I give permission for my child to attend the Special Education Teacher if deemed necessary.

Yes No

I give permission to allow my child's photograph/image to be included in all school related activities, sports days, school plays/musicals, competitions, school website and social media platforms etc.

Yes No

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.

Yes No

I give permission for my child to go on school activities, school trips, nature walks etc.

Yes No

Have you attached a birth cert copy _____ or baptismal cert copy _____?

Children with Special Needs:

In relation to applications for the enrolment of children with special needs, the Board of Management may request a copy of the child's medical and/or psychological report or where such is not available, to request that the child be assessed immediately. The purpose of the assessment reports is to assist the school in establishing the educational needs of the child relevant to his/her disability or special needs and to profile the support needs required. The Board may decide to defer enrolment of a particular child pending:

- (a) The receipt of an assessment report; and/or
- (b) The provision of appropriate resources by the DES to meet the needs specified in the psycho-educational or medical report.

Any other useful information

For instance, list any problems the child may have in relation to health, (allergies, epilepsy, asthma, sight, hearing, speech, fainting, etc.) toilet training, inability to cope with buttons, laces etc. The school should be made aware of any court order that affects the child's welfare and also the name of any person into whose custody the child should not be given.

We have read and understand the schools Enrolment & Code of Behaviour Policies (available on the school website at www.glenderryns.ie) and agree to abide by them. We will co-operate with the staff and support the ethos of the school.

Signed: _____
Legal Guardian(s)

Date: _____

ADDITIONAL INFORMATION REQUIRED FOR PRIMARY ONLINE DATABASE

For further information on POD please go to the Department of Education and Skills' website www.education.ie

Mothers Maiden Name: _____

Pupil's Nationality: _____ Gender: M F

Is one of the languages spoken at home Irish or English? Yes No

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 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.

To which ethnic or cultural background group does your child belong (please ✓ one):

Categories are taken from the Census of Population:

White Irish Irish Traveller Roma Any other White Background

Black African Any other Black Background Chinese

Any other Asian background Other (inc. mixed background)

No Consent

What is your child's Religion?

Roman Catholic Church of Ireland (incl. Protestant) Presbyterian

Methodist, Wesleyan Jewish Muslim (Islamic) Orthodox (Greek, Coptic,

Russian) Apostolic or Pentecostal Hindu Buddhist Jehovahs Witness

Lutheran Atheist Baptist Agnostic Other Religions No Religion No

Consent

I consent for this information 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.

Parent/Guardian Signatures: _____

Date: _____

