St. Joseph's N.S. Enrolment Form

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

Date: School Year	r: Class:	
COPY OF YOUR CHILD'S BIRTH CERTIFICATE PRO	VIDED YES \(\bigcup \) NO \(\bigcup \)	
Child's First Name:	Child's Surname:	
Date of Birth:	PPS Number:	
Child's Gender:		
Date child arrived in Ireland:	_	
Child's Address:		
Eircode:		
Nationality of Child:	Country of Birth:	
Mobile number to receive text messages from s	school:	
Father's Name:	Mother's Name:	
Mobile No.:	Mobile No.:	
Email Address:	Email Address:	
Address if different from above:	Address if different from above:	
Nationality of Father:	Nationality of Mother:	
Name of child's legal guardian or guardians:		
Guardian's relationship to child:		
Childminder Name:	Contact No.:	
Contact in emergency if parent/guardian/childs	minder cannot be contacted:	
Name:	Contact No.:	
Name:	Contact No.:	

If any details on this form change, for example, if you move house, change your phone numbers or if family circumstances change, please let us know immediately. We cannot be responsible if we are unable to contact you in an emergency if numbers have changed and we are not informed.

If there are brothers o list-	r sisters in St. Jose	eph's, Scoil Eoin Phóil II Na	ofa or St. Philomena's N.S. please
St. Joseph's N.S.			
Scoil Eoin Phóil II Naof	a:		
St. Philomena's N.S.			
Name of Pre-school at	tended:		
Name of two friends fr	om pre-school:		
Details if transferring	rom another nati	onal school -	
Name of school:			
Address:			
Class attended:		Last day ir	n school:
GDPR and Date Protec	tion - Privacy Stat	ement	
Union and aims to give indited the Department of Education purpose it is used for and years for the education and train function. For primary schools basis of the allocation of resinto the operation of the education of the educ	viduals more rights, con and Skills are required our rights in relation to ing of people resident ool pupils, this data is sources to schools as where we will also be analysis. The complete found on the Departiment will use your chings.	entrol and understanding of how red to keep you informed of the ty o how it is processed. The Department of the Extension of the State, requires certain perheld on the Primary Online Data well as statistical reporting on educate formation of future polices. Do see and with the Central Statisticate Privacy Notice which outlines the Privacy Notice which outlines the ment's website as can full detailed's data, as well as information	2018. The GDPR applies across the European their personal data is processed. Under GDPR ypes of data we hold on you and your child, the artment of Education and Skills, which provides ersonal data on all learners in order to fulfil its abase (POD). The data held on POD forms the accation; it is also used for research and analysis that is shared with Department of Employment acs Office under Section 31 of the Statistical Act further information in relation to the data held ils of the Department's data protection policy regarding your child's rights as a data subject. OD Helpdesk can be reached at 01 8892311 or
Information require	ed for POD (Prim	ary Online Database)	
Is one of your child's m	other tongues (i.e	e. language spoken at home	e) Irish or English? YES \square NO \square
Languages spoken at h	ome: 1	2	
To which ethnic or cult (Categories based on the Co		roup does your child belon	g? (please tick one)
White Irish	Irish Traveller	Roma	Any other White Background
Black or Black Irish – African	Black or Black Irish – An	y other Black Background	Asian or Asian Irish – Chinese
Asian or Asian Irish – Any other As	ian Background Otl	her (inc. mixed background \Box	No Consent

What is your child's religion?				
Roman Catholic Church of Ireland Muslim Christian No religion Other Religions (Specify)				
No Consent				
Does any legal order under family law exist that the school should know about? YES $\ \square$ NO $\ \square$ If so, please give details to the Principal.				
Child resides with (please tick) Both parents \square Mother \square Father \square Guardian \square If your family circumstances change please let us know in confidence.				
Has your child ever had a psychological assessment? If yes, please enclose copy of report.				
Has your child any medical or special needs?				
Please feel free to discuss this in private with the Principal. If we know your child's needs we will be able to access extra resources for them if possible.				
If your child has any medical or emotional condition which may affect him/her at school, it is important that you inform us. Is there any such condition that you know of currently?				
Is your child currently attending any outside agency (speech therapist, social worker, psychologist, occupational therapy?				
occupational alerapy.				
Has your child any allergy?				
This your clina any ancigy.				
In your opinion are the following satisfactory?				
In your opinion are the following satisfactory? Eyesight: YES NO Hearing: YES NO If not, please comment:				

Parental Consent

I give permission for my child		Yes	No
a.	to go on school trips under teacher supervision during the school day.		
b.	to be photographed for school projects, local newspapers, twitter, school website, school related activities and Seesaw (classroom only platform).		
C.	to have records relating to your child (e.g. school reports, psychologist reports, assessment test results and any other relevant information) passed to such other schools in which he/she is enrolled in the future.		
d.	to participate in all aspects of the curriculum including the Stay Safe Programme.		
e.	to receive any necessary support teaching (e.g. language/learning support, etc.)		
f.	in the event of he/she being involved in a serious accident and our being unable to contact you, to give permission for a medical examination if necessary		
g.	For your child's name to be on class lists sent to HSE (vaccinations/dental etc.)		
h.	We receive funding from the School Completion Programme for activities such as homework club, music classes, counselling etc. Do you give permission for your child's name to be included on a list to be considered for any of these interventions?		
i.	Every effort will be made to contact first a parent/guardian, in cases of emergency, and if parents/guardians are not available the school will first call 911 and if an ambulance is not available your child will be brought to a doctor or hospital at the teacher's /principal's discretion. Do you agree with the emergency procedure outlined?		
j.	I consent for the information required for POD to be 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		

We look forward to working closely with you and your child. Feel free to contact the school if you have any queries.

Please take time to read our school policies on the school website www.stjosephstullamore.ie



Signed:		
	Parent/Guardian 1	Parent/Guardian 2

Email: info@stjosephstullamore.ie Phone: 057 9341121