

*Scoil Náisiúnta Naoimh Feichín
An Chrois
Clár Chlainne Mhuiris
Co. Mhaigh Eo*

*Saint Feichín's National School
Cross
Claremorris
Co. Mayo*

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Student Enrolment Form

- ❖ *Please ensure your child's name on this form corresponds with their official birth certificate. Your child's name will be registered under their Birth Certificate name.*
- ❖ *A PPS Number and a copy of your child's Birth Certificate is required with all enrolments.*
- ❖ *A copy of your child's Baptismal Certificate is also required where applicable.*

Personal Details:

Pupil's Name: _____

Birth Cert Name (if different from above): _____

Pupil's Address: _____

Date of Birth: _____ PPSN: _____ Gender: Male [] Female []

Nationality: _____ Country of Birth: _____

Mother's maiden name: _____

Is one of the pupil's mother tongues (i.e. Language spoken at home) Irish or English: Yes [] No []

Religion: _____ (If Catholic, please attach a copy of Baptismal Certificate)

Parent Details:

Name of Parent/Guardian 1: _____ Name of Parent/Guardian 2: _____

Telephone No: _____ Telephone No: _____

Email: _____ Email: _____

Occupation: _____ Occupation: _____

Number of brothers/sisters in the family: _____

Nominated mobile number for text messages: _____

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It is imperative that the school has the name of at least one other person to be contacted in emergencies. Parents/guardians should make the named persons aware of their role in this regard.

Contact Person (1): _____ Address: _____ Phone No: _____

Contact Person (2): _____ Address: _____ Phone No: _____

Name and address of family doctor: _____

Phone No: _____

Please provide details of any medical conditions or allergies (including any long term medication that your child is taking):

If there are any legal orders or other arrangements in place governing access to, or custody of the child, please provide details:

Educational Details:

Pre-school attended: _____

Address: _____

Has your child had any speech and language difficulties? YES/NO If yes, please give details.

Has your child ever attended a Speech and Language Therapist? YES/NO If yes, please give details.

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Has your child ever attended an Occupational Therapist? YES/NO If yes, please give details.

Has your child ever had a psychological assessment or Assessment of Need? YES/NO If yes, please give details.

Previous Education:

*Please fill in this section if your child is transferring from another primary school:
(Please include your child's most recent school report)*

Name & address of previous school:

Reason for transfer: _____

Incoming class – what class do you wish your child enroll in?

Has your child received any additional support in their previous school? YES/No If yes please give details.

Mol an óige agus tiocfaidh sí

Consent:

| Please complete all sections: | Yes | No |
|--|------------|-----------|
| Do you give consent for your child to take part in school trips? E.g. Visit the church, theatre, football matches, school tours, field trips, educational tours, and any other activities that arise. | | |
| Do you give consent for your child's photograph to appear in school publications or in local/national media? | | |
| Do you give consent for your child's photograph to appear on the school website and social media pages? (Pupils' names will not be attached to photos) | | |
| Do you give consent for your child to use the computers/devices in the school in line with our acceptable use policy? | | |
| Do you give consent for your child to take part in the School's RSE (Relationships and Sexuality Education) Programmes? | | |
| Do you give consent for your child's uniform to be changed by a teacher in the presence of another adult in the case of illness or a toilet accident? | | |
| Do you give consent for your child to be included in Liturgical celebrations in keeping with our Catholic ethos, such as attending Mass, prayer service etc.? | | |
| Do you give consent for your child to participate in the religion programme taught in Catholic schools (Grow in Love) | | |
| Do you give consent for your child to be brought to a doctor/hospital in case of a serious illness or accident and for staff to administer first aid if necessary? | | |
| Do you give consent for your child's details to be passed to the HSE for the organisation of vaccinations, sight and hearing tests etc.? | | |
| Do you give consent for your child's psychological, speech and language or occupational therapy report to be made available to external agencies/professionals, as deemed necessary, in order to support your child's education? | | |
| I consent to my child attending the Special Education Teacher if necessary (parents will be contacted before this commences). | | |

Data Protection:

(Required to ensure that the school is compliant with Data Protection legislation with regard to Personal Data on this Form).

St. Feichín's National School is registered as a Data Controller under the Data Protection Acts 1988 and 2003. The personal data supplied on this application form is required for the purposes of student enrolment, registration, administration, child welfare and to fulfil our other legal obligations. Contact details will also be used to notify you of school events or activities. While the information provided will generally be treated as confidential to St. Feichín's N.S., from time to time it may be necessary for us to exchange personal data on a confidential basis, where we are legally required to do so, with other bodies including the Department of Education & Skills, the Department of Social & Family Affairs, An Garda Síochána, the Health Service Executive, the National Educational Welfare Board or with another school (where the student is transferring). We rely on parents/guardians to provide us with accurate and complete information and to update us in relation to any change in the information provided. Should you wish to update or access your child's personal data you should write to the school Principal.

Mol an óige agus tiocfadh sí

Parent Agreement and Consent:

I, _____, wish to apply to the Board of Management to enrol _____
in St. Feichín's N.S. In doing so:

- I understand that this implies a full acceptance of the Code of Behaviour/Rules of the school as laid down by the Board of Management.
- I am aware that school policies, including policies on Code of Behaviour, Anti-Bullying, Child Protection, Healthy Eating, Homework etc. are available on request from the office or from the school website www.stfeichinsns.com. I agree to support the Board of Management and staff in their implementation of school policies.
- I will provide copies of recent psychological or other professional assessments (e.g. Speech and Language report) relevant to my child's education to the school.
- I understand that the information given in the Personal Details section will be entered onto the Pupil Online Database as required by the Department of Education and Skills.
- 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.
- By signing below, I am giving explicit consent for St. Feichín's N.S. to confirm, retain, use and disclose the information as described above.

Signed:

(Parent/Guardian)

(Parent/Guardian)

Date:

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

Mol an óige agus tiocfaidh sí

Pupil Information required for Department of Education and Skills Primary

Online Database (POD)

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 sensitive personal data categories under Data Protection Legislation. 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. Enhanced capitation in respect of pupils who are members of the Traveller Community will be paid to schools on the basis of the answers to this question. 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 | |
| Roma | |
| Black or Black Irish - African | |
| Asian or Asian Irish - Chinese | |
| Other (inc. mixed background) | |
| Irish Traveller | |
| Any other White Background | |
| Black or Black Irish - Any other Black background | |
| Asian or Asian Irish – Any other Asian background | |
| No consent | |

What is your child's religion? (Please tick one)

| | | | |
|-----------------------------------|--|--------------------------|--|
| Roman Catholic | | Church of England | |
| Presbyterian (inc. Protestant) | | Methodist, Wesleyan | |
| Jewish | | Muslim (Islamic) | |
| Orthodox (Greek, Coptic, Russian) | | Apostolic or Pentecostal | |
| Hindu | | Jehovah's Witness | |
| Buddhist | | Baptist | |
| Atheist | | Lutheran | |
| Agnostic | | No Religion | |
| Other Religions | | No Consent | |

I consent for the sensitive personal data 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: _____

Mol an óige agus tiocfaidh sí