

Scoil Muire, Letterfrack, Co. Galway.
Enrolment Form

Personal details:

Name of Child (in full, as on Birth Certificate): _____

Address: _____ **Eircode:** _____

Date of Birth: _____ **Nationality:** _____

Country of Birth: _____ **Childs PPS No.:** _____

Position of Child in the family: _____ **Number of children in the family:** _____

Mothers Name: _____ **Fathers Name:** _____

Mothers Nationality: _____ **Fathers Nationality:** _____

Contact Details: _____ **Contact Details:** _____

Email: _____ **Email:** _____

Present Occupation: _____ **Present Occupation:** _____

Religious Denomination (optional): _____

If your child was Baptised please state where it took place: _____

Date of Baptism: _____ *(Copy of Baptismal Certificate required for school records, if baptism took place outside of the parish)*

Previous Education:

Year	School	Address	Classes	Reason For Leaving

Special Needs:

Has your child been assessed by:

Education Psychologist Yes ____ No ____

Speech / Language Therapist Yes ____ No ____

Occupational Therapist Yes ____ No ____

Other (please specify) _____

Medical:

1. Does your child suffer from any illness that the school should be aware of? Yes No
Please specify: _____
2. Does your child suffer from any allergy that the school should be aware of? Yes No
Please specify: _____
3. Does your child require any medication that the school should be aware of? Yes No
Please specify: _____

Emergency Contact Numbers:

Doctor's name	Address	Phone Number
1.		

In the event of an accident or emergency a member of staff will use his or her discretion and bring your child to a doctor or hospital. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may bring my child or children to a doctor or hospital if an emergency arises.

Signed (Parent or Guardian): _____

Collection from School:

Please give name and phone numbers of people who have permission to collect your child from school. **If there is any change in this routine please inform the school.**

Name	Relationship to Child	Phone Number
1.		
2.		

School Emergency / Sickness / Unexpected Closure:

The following information will be used by the school in the event of:

- Your child feeling sick.
- An emergency occurring while the school is in operation.
- An unexpected closure.

If such an event occurs and you are not contactable please provide the name, telephone 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	Address	Telephone Number
1.		
2.		

Parental Permissions:

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

Parent or Guardian Signature: _____

I consent for my child's participation in the Stay Safe Programme:

Parent or Guardian Signature: _____

Screening tests (sight & hearing) are carried out by the Health Board on all children from Infants to 6th Class. I allow my child to participate in these tests.

Parent or Guardian Signature: _____

During your child's time in Letterfrack NS 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 with their educational development. I give permission for any diagnostic tests to be carried out.

Parent or Guardian Signature: _____

I give my permission to allow my child to receive Learning Support / Resource if deemed necessary.

Parent or Guardian Signature: _____

The school maintains a database of photographs and digital images (including video) of school events held over years. It has become customary to take photographs of students engaged in activities and events in the interest of creating a pictorial as well as historical record of life at the school. Photographs/digital images may be published on our school website or newsletters, local and national newspapers and similar school-related productions. In the case of website photographs/digital images, student names will not appear on the website as a caption to the picture. I give permission to allow my child's photograph or image to be included in school related activities and all such records.

Parent or Guardian Signature: _____

I give permission to allow my child to go on school tours, local educational visits/field trips and participating in school activities outside of school grounds (e.g. matches, swimming etc). Most of these events will require transportation by bus.

Parent or Guardian Signature: _____

I consent to Sensitive Personal Data of my child, such as race, ethnicity and religion being included/uploaded to the Primary Online Database as required by the Department of Education & Skills.

Parent or Guardian Signature: _____

I give permission to allow my child's details (name, address, date of birth, class level) to be given to agencies such as HSE (school nurse, doctor, dentist) and secondary schools.

Parent or Guardian Signature: _____

Personal Data on this Form:

Letterfrack NS is 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
- Student registration
- Allocation of teachers and resources to the school
- determining a student's eligibility for additional learning supports and transportation
- School administration
- Child welfare (including medical welfare)

While the information provided will generally be treated as private to Letterfrack NS and will be collected and used in compliance with the Data Protection Acts 1988 and 2003, from time to time it may be necessary for us

to transfer your personal data to other bodies (including the Department of Education & Skills, the Department of Social Protection, An Garda Síochána, the Health Service Executive, Tusla (CFA) social workers or medical practitioners, the National Educational Welfare Board, the National Council for Special Education, any Special Education Needs Organiser, the National Educational Psychological Service, or (where the student is transferring) to another school). We rely on parents/guardians and students 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/your child's personal data you should write to the school principal requesting an Access Request Form.

I acknowledged that I have received, read and accepted the Data Protection Policy; Code of Behaviour Policy; Substance Use Policy; RSE Policy; Anti-bullying policy; Complaint's procedure and Child Protection Safe guarding statement of Letterfrack NS.

I wish to enroll my child _____. I declare the above information to be correct and understand that it will be treated as confidential.

Parent or Guardian Signature: _____

Date: _____

- Please ensure that you have included a Birth Certificate and a Baptismal Certificate (if applicable) with this form. These documents will be photocopied and returned to you.

FOR SCHOOL USE -----

Birth Certificate received:	Yes ____	No ____
Baptismal Certificate received:	Yes ____	No ____
Principal's signature: _____		Date: _____