

St. Feichín's N.S.

Abbey, Loughrea, Co. Galway, Tel: 0909 745609, Email: abbeynationalschool@gmail.com

ENROLMENT FORM 2024-2025

The Department of Education and Skills has developed an electronic database of primary school pupils called the Primary Online Database (P.O.D) which involves schools maintaining and returning data on pupils to the Dept at individual pupil level on a live system. The information will be used 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. The database will also contain, **on an optional basis**, information of the pupil's religion and on their ethnic or cultural background. The data required for POD is marked with an asterisk * and will only be uploaded to POD **if your child is enrolled**. All other data we need for the efficient running of the school. **In order to assist with the gathering of data please complete this form in CAPITAL LETTERS and return to the school. This form will be retained by the school.**

Child Details

*Name of Child _____

*Name of Child as on Birth Certificate _____

*Date of Birth _____ *PPSN of Pupil: _____

*Home Address _____

*Nationality _____ *Mother's Maiden Name _____

Do you consent to uploading data relating to ethnicity and religion to P.O.D Yes [] No []

Religious Denomination _____

To which ethnic or cultural background group does your child belong (please tick one)?

White Irish [] Irish Traveller [] Roma []

Any other White Background [] Black African [] Any other Black Background []

Chinese [] Any other Asian [] Other (inc. mixed background []

No consent []

The following information is required for the efficient running of the school and will not be uploaded to POD

Date & Place of Baptism _____

Please enclose a copy of your child's baptismal cert and birth cert.

Irish Version of Child's Name _____ (otherwise school will translate)

Does your child have any special educational needs? (give details) _____

Any previous playschool/school attended _____

Name of playschool/school _____

Address of playschool/school _____

Class in which child was enrolled (if applicable) _____

Has child attended Resource Teacher or Learning Support Teacher? (If applicable) _____

Parent/Guardian Details:

Parent/Guardian 1 Name: _____

Telephone Numbers:

Home: _____ Work: _____ Mobile: _____

Email: _____ (should you wish to receive correspondence via email)

Parent/Guardian 2 Name _____

Telephone Numbers:

Home: _____ Work: _____ Mobile: _____

Email: _____ (should you wish to receive correspondence via email)

Mobile number is necessary for text-a-parent facility which is available in our school. Please indicate which mobile number or numbers you wish to receive text-a-parent texts to:

Parent/Guardian 1 above:

Parent Guardian 2 above:

Both:

Contact Numbers: Please give contact numbers for use in case of emergency **during school hours.**

Contact Person: _____ Phone Number: _____

Contact Person: _____ Phone Number: _____

Doctor: _____ Phone Number: _____

Medical Details:

Name of family doctor _____

Childhood accident, illness, allergies or medical condition that school needs to be made aware of:

Has your child attended any outside agency? e.g. Psychologist, Speech Therapist etc. _____

Any other useful information _____

I declare that all information provided in this application is true and correct

Signed _____

Parent/Legal Guardian (s)

Dated _____

Code of Behaviour Acceptance Statement

We expect parents and children enrolled in this school to co-operate with and support the school/ Board of Management's Code of Behaviour as well as other policies on curriculum, organisation and management. These policies may be added to and revised from time to time. If you are happy to comply with school policies, please sign and return to school.

Signed _____ Legal Guardian(s) Date _____

Please note the following:

The school should be made aware of any court order(s) that are in place relating to any aspect of Guardianship, Custody or Access. In this regard a letter from a Solicitor, confirming the relevant aspects of the court order should be supplied to the school.

Under Children First Guidelines if we have reasonable concerns for the welfare or protection of any pupils we have a duty to convey all information to the H.S.E. and Tulsa

OR OFFICIAL USE: ADM. DATE _____ CLASS _____ P.O.D. NO _____

To update school records and clarify expectations we would appreciate it if you could complete the following:

Name of Child: _____

P.P.S. No: _____

Collection from School: Please supply the following information in respect of person(s) who are authorised by you to collect your children from the school.

<u>Name:</u>	<u>Mobile Number:</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Accident in School:

In the event of your child having an accident (e.g. soiling, wetting) during school which do you wish?

A) to be contacted to look after your own child

Or

B) child to be looked after in school by staff

Parents will always be contacted in the event of serious sickness or if a child becomes very upset.

Illness: We would appreciate, if when your child is sick, he/she is kept at home. If your child gets a contagious illness/infection (measles, headlice, etc.) you are requested to inform the school accordingly.

Children on Medication: If your child needs medication during school hours please check with Principal re school policy.

Signed: _____ **Legal Guardian** **Date:** _____

Parental Permission Form

Each year, we ask your permission for your child to participate in certain activities. In order to cut down on unnecessary paperwork and simplify record-keeping, we have decided to include as many permissions as possible on one sheet. Please read carefully each of the items below and tick the relevant box. Not all occasions may be relevant to your child this year, but they probably will be at some stage in the future. If you have any concerns regarding any of the items below please feel free to contact the class teacher or principal.

I hereby give permission for my child in relation to the following:	Yes	No
Going on school tours, local educational visits/ and participating in school activities (e.g. matches, visit to park, choir etc)		
As the parent or legal guardian, I have read the Acceptable Internet Use Policy and grant permission for my son or daughter or the child in my care to access the Internet. I understand that Internet access is intended for educational purposes. I also understand that every reasonable precaution has been taken by the school to provide for online safety but the school cannot be held responsible if pupils access unsuitable websites.		
It is the school's policy to celebrate your child's work, achievements and celebrations. As a result, your child may be videoed or images of your child and his/her work may appear on our website or media publications. Best practice as stated in our 'Acceptable Internet Use Policy' will always be followed. At no stage will your child be identified by name (unless previously agreed with you). Usually children will only be pictured in groups. The pupil continues to own the copyright of any work published. (Please remember that removing a child from any of the above can be quite upsetting for your child). Do you agree?		
I give consent to allow my child enter school competitions and for their name and date of birth to be shared with the organisers if necessary?		
Do you support and help uphold the school's Code of Behaviour?		
Our school has an S.E.T. (Special Educational Teacher) assigned to help all children in the School. On occasion, it may be necessary for organisational reasons to remove a group of children to another room to work with this teacher or the class teacher. (If your child is experiencing learning difficulties you will be informed personally by the teacher.) Do you agree?		

I hereby give permission for my child in relation to the following:	Yes	No
On occasion we administer 'Diagnostic' tests (e.g. MIST, Belfield Infant Screening, NRIT) to discover the educational progress of pupils. Should any concerns arise following these tests we will contact you. Do you agree to this?		
On occasion, the school requests permission from parents / legal guardians to forward educational information regarding your child's progress to relevant outside agencies such as School Aged Teams in Galway, H.S.E. and C.A.M.H.S. (Children & Adolescent Mental Health Services). Do you consent to allowing the school forward same, if requested?		
Sometimes the school is requested to pass on names of children and their addresses to the H.S.E. for immunisation / dental purposes, to sporting bodies when children are taking part in games outside the school etc. Do you agree to allow the school to pass on this information to such bodies?		
Do you give permission for your child to be taken immediately to a doctor or hospital in case of serious illness/accident?		
Do you consent to your child being transported to school related events by staff or other parents who may be available from time to time? (At no stage will your child travel alone in another adult's car. All adults will vetted and parents will be informed before any event)		
I wish my/our child to be instructed in the Catholic faith. I understand that St. Feichin's N.S, is a Catholic School and wish my/our child to be taught in the Catholic Faith		

The information shared on the school's Enrolment Form will only be used within the school for your child's education. Personal Pupil Data will only be shared with other organisations such as the HSE, TULSA etc. where there is a legal basis for doing so under GDPR.

Name of Child: _____

Parent/Guardian Signature: _____

Date: _____

Internet Permission Form

Name of Pupil(s): _____

Class(es): _____

As the parent or legal guardian of the above child, I have read the Internet Acceptable Use Policy and grant permission for

_____ (child/children) to access the internet. I understand that school internet usage is for educational purposes only and that every reasonable precaution will be taken by the school to provide for online safety.

I accept my own responsibility for the education of my child(ren) on issues of Internet Responsibility and Safety.

I understand that having adhered to all the enclosed precautions the school cannot be held responsible if my child tries to access unsuitable material.

Signature: 1 _____ **2.** _____

Parents/Legal Guardians

Date: _____

School Website

I understand that, if the school considers it appropriate, my child's photo and schoolwork may be chosen for inclusion on the school's website. I understand and accept the terms of the Acceptable Usage Policy in relation to publishing pupil's work and photographs of school activities on the website.

Signature: 1 _____ **2.** _____

Parents/Legal Guardians

Date: _____