**Enrolment Form**

**St. Mary’s N.S.**

**Partry, Claremorris,**

**Co. Mayo**

**Phone No.**094-9543060**/email-** stmarysns2017@gmail.com

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_\_\_\_P.P.S. No: \_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel no: \_\_\_\_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Mobile no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Mobile no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of boys in the family: \_\_\_\_\_\_\_ Number of girls in the family: \_\_\_\_\_\_\_\_\_\_\_

Position in the family (1st, 2nd, 3rd): \_\_\_\_\_\_\_\_\_\_\_\_\_

Preschool (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous school/class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if transferring from another school)

Intended class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Conditions**

Give details of any health conditions (e.g. asthma, eyesight, hearing, allergies, etc.) Or emotional problems that may affect your child at school:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any specific needs or educational needs your child has:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any resources, which need to be acquired prior to enrolment of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Photographs**

Do you give permission for your son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_to have their photograph/video taken at school or during school related activities? All of such photographs/videos will only be used for educational purposes:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian) of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to the school photographing/videoing of my son/daughter.

Name and phone numbers of persons **who have permission** to collect your child at school:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HSE**

The HSE provides a free school Health Programme in primary school. This programme includes vision & hearing screening & immunisation programme in Jun. Infants. The programme also includes health screening/testing of children who have transferred in the last academic year, & those children in other classes where there are concerns about vision/hearing, for example. If you consent to sharing of your child/ren’s information (name, D.O.B. & address) with the HSE for the purpose of the School Health Programme, please sign below.

I **consent** to St. Mary’s N.S. providing the HSE with my child’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name, D.O.B. & address for the purposes of the School Health Programme (health screening & immunisation.

Name of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do **not consent** to St. Mary’s N.S. providing the HSE with my child’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name, D.O.B. & address for the purposes of the School Health Programme (health screening & immunisation.

Name of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accident**

If your child has an accident during school hours, which, in the opinion of the school authorities would necessitate medical attention, the policy of the school is:

1. **That your child be sent to Accident & Emergency**

**Or**

1. **Your child will be seen by any available doctor**

I request the school to contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Or**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Illness/Accident**

If your child should become ill, during school hours, and there is no reply to a telephone call to your home, please give the name, telephone number and address of two family members or neighbours who may be contacted.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Closings**

In the event of an emergency occurring, while the school is in operation, it may become necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of all pupils. In order to help the school plan for such an event, please fill in details below:

In the event of an emergency occurring which makes it necessary to close the school:

I request the school to contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pupil’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardian address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please enclose birth certificate of child with this form**

# **St. Mary’s N.S. Pupil Information required for**

# **Department of Education and Skills**

# **Primary Online Database**

The Department of Education and Skills is developing an electronic database of primary school pupils called the Primary Online Database (POD) which will involve schools maintaining and returning data on pupils to the Department at individual pupil level on a live system. The database will allow the Department 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 including their PPSN, First Name, Surname, Name as per Birth Certificate, Mother's Maiden Name, Address, Date of Birth, Gender, Nationality, whether one of the pupil's mother tongues is English or Irish, whether the pupil is in receipt of an Exemption from Irish and if so the reason for same, whether the pupil is in receipt of Learning Support and if so the type of learning support, whether the pupil is in a Mainstream or Special Class. The database will record the class grouping and standard the pupil is enrolled in. The database will also contain, on an optional basis, information on the pupil's religion and on their ethnic or cultural background. **In order to assist with the gathering of data please complete this form in CAPITAL LETTERS and return to the school. The second page of this form will be retained by the primary school.**

**Teacher/Class Name Current Standard Junior Infants 🞏 Senior Infants 🞏First Class 🞏**

**Second Class 🞏 Third Class🞏 Fourth Class 🞏**

**Fifth Class🞏 Sixth Class 🞏Special Class🞏**

**Pupil Forename: Pupil Surname:**

**PPSN of Pupil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Birth Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pupil’s Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pupil’s Gender: Male 🞏 Female 🞏**

**Birth Cert Forename (if different from name above) Birth Cert Surname (if different from name above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_**

|  |  |  |  |  |  |  |  |
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**Pupil Address Eircode**

**\_\_\_\_\_\_\_\_\_\_\_\_**

**County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (See**<https://finder.eircode.ie/> **for Eircode)**

**Nationality (In the case of dual citizenship, please specify both nationalities)**

**Is one of the pupil’s mother tongues (i.e. language spoken at home) Irish or English? Yes 🞏 No 🞏**

# **St. Mary’s N.S. Optional Pupil Information required for Department of Education and Skills Primary Online Database**

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 🞏 Irish Traveller 🞏 Roma 🞏**

**Any other White Background 🞏 Black or Black Irish - African 🞏**

**Black or Black Irish - Any other Black Background 🞏 Asian or Asian Irish –Chinese 🞏**

**Asian or Asian Irish - Any other Asian background 🞏 Other (inc. mixed background) 🞏**

No consent **🞏**

**What is your child’s religion?**

Roman Catholic **🞏** Church of Ireland (Anglican) **🞏** Presbyterian **🞏**

Methodist, Wesleyan **🞏** Jewish **🞏** Muslim (Islamic) **🞏**

Orthodox (Greek, Coptic, Russian)**🞏** Apostolic or Pentecostal **🞏** Hindu **🞏**

Buddhist **🞏** Jehovah's Witness **🞏** Lutheran **🞏**

Atheist **🞏** Baptist **🞏** Agnostic **🞏**

Christian Religion (not further defined)**🞏** Protestant **🞏** Evangelical **🞏**

Other Religions **🞏** No Religion **🞏** 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete this form and return to your primary school. For further information on POD please go to the Department of Education and Skills’ website** [www.education.ie](http://www.education.ie)