ENROLMENT FORM

SCHOOL YEAR BEGINNING SEPTEMBER 20 /

CHILD'S NAME:- (in full)		•		
Date of Birth:-		Child's PPS No:		
A: FATHER'S/GUARDIAN'S NAME:		•		
Mobile No	Posto	ccode		
P		· .		
B: MOTHER'S/GUARDIAN'S NAME:				
Mobile No	Postc	code		
Postal Address (if different):				
Email address: Please indicate your child's primary a	ddress A	. В		
NOMINATED CONTACTS:		(2) Name:		
1) Name: Tel No:				
RELIGION: (Please tio	k all boxes	es that apply)		
Catholic	; O	Other: PLEASE SPECIFY		
Sacraments Received: Baptism Communion		1st Penance Confirmation		
Clongeen N.S. is a Catholic school with a Catholic ethos and will be following the new Catholic R.E. curriculum.				
SCHOOL BUS				
Is School Bus Required?	_	Distance from school: (in miles)		

	Please tick one of the boxes for each of the following				
1.	In cases where a class – teacher deems your child requires Support Teaching, please tick here to indicate consent for same:- Yes No				
2.	Do you give permission for photographs of your child to be occasionally displayed on school grounds or in the local press? Yes No				
3.	Do you give permission for your child to take part in the R.S.E (Relationships & Sexuality Education) and Stay Safe Programmes? Yes No				
4.	Should there be a toileting accident, do you give permission for the matter to be attended to by the class teacher/SNA? Yes No				
	PLEASE NOTE				
	emed to have accepted and agreed to support and co-operate with the				
	Code of Behaviour and				
 Anti-bullying, Enrolment/Admissions, Homework, Child Safeguarding and Healthy Lunch Policies. 					
	These are available to view on our school website:- www.clongeenns.weebly.com				
If, for any reason, at any time in the future, any of the information contained in this document changes, THE ONUS IS ON THE PARENTS/GUARDIANS to notify the school of such changes without delay.					
Signatures of Parents/Guardians:Date: -					
	Date:				

Appendix (i) b	Clongeen N.S.
G	GENERAL MEDICAL FORM
Chronic Illness	
Allergies: Food	
Medication	
Current Medication	
Date & details of Last	
Tetanus Immunisation	
Other	
	·
	·
Please attach any other med	ical information that may be relevant on a separate page.
NAMES of PARENTS/GUARD	<u>DIANS</u>
Name 1	Name 2
Address:	
Home:Work	
Mobile:	Mobile:
NOMINATED CONTACTS (if	neither parent is contactable)
Name 1	Tel
	Tel
	Private: Other:
(2.5000 000)	Company Name e.g. Medical Card
Signed: Parent /Guardian 1.	Signed: Parent /Guardian 2

Date:_____

Date:____

Clongeen N.S.

EMERGENCY CONSENT FORM

- If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed.
- To protect your child, we request that you complete this form to be kept on file in the school.
- In the event of a medical emergency, where you or nominated contact persons are unavailable, this form will accompany your child to the hospital so that emergency medical treatment may be rendered.

CHILD'S NAME:	<u> </u>
DATE OF BIRTH:	
emergency medical and/or surgic	mber of Clongeen National School to consent for all al treatment that may be required for our we or any other nominated contact person is
Signed:	Signed:
PARENT/GUARDIAN	PARENT/ GUARDIAN
Date:	Date:

Clongeen N.S

Pupil Information required for Department of Education and Skills Primary Online Database

The Department of Education and Skills has developed an electronic database of primary school pupils called the Primary Online Database (POD) which involves schools maintaining and returning data on pupils to the Department at individual pupil level on a live system. The database allows 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 Birth Surname, Address (including Eircode), Date of Birth, Gender, Nationality, whether the pupil is in receipt of an Exemption from Irish and if so the reason for same, and 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, on their ethnic or cultural background and whether one of the pupil's mother tongues is English or Irish. 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 $\ \square$ Third Class $\ \square$ Fourth Class $\ \square$					
	Fifth 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)					
Pupil Address	Eircode					
County	(See https://finder.eircode.ie/ for Eircode)					
Nationality	(In the case of dual citizenship, please specify both nationalities)					

Clongeen N.S.

Consensual Pupil Information requested 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. Religion and ethnic and cultural background are special category data under the General Data Protection Regulation (GDPR). Mother tongue is personal category data requiring consent for collection. While these questions are optional, written consent is sought by the student's school to record this information and for the school to forward this information to the Department.

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. Aggregated information on religion will be used for statistical purposes only. Mother tongue is collected to identify, monitor and evaluate the need for English as an additional language (EAL) support. Parents/guardians have the option to identify their children's religion, ethnic background or if mother tongue is English or Irish 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.

Special categ	ory data				
To which et	hnic or	cultural backgro	ound gro	oup does your ch	nild belong (please tick one)?
(Categories ba	sed on th	e Census of Popula	ation)		
White Irish		Irish Traveller		Roma \square	Any other White Background

White Irish Black or Black Iris	☐ Irish Travelle n - African		Roma Black or Black		ny other White Backgro Any other Black Backgro	
Asian or Asian Iris Other (inc. mixed			Asian or Asiar	ı Irish -	Any other Asian backgr No con	_
What is your c	hild's religion?					
Roman Catholic Muslim (Islamic) Christian Religion Hindu Baptist Jehovah's Witnes Agnostic	(not further defined)	Presbyter Buddhist	nd (Anglican) or Pentecostal ian t, Wesleyan	Ori	No Religion thodox (Greek, Coptic, I Other Religions Atheist Protestant Lutheran Jewish	Russian)
Personal category	<u>data</u>					

Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English?

Yes □ No □ No Consent □

I consent for the special category data in the two questions and the personal category data question 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:	