Scoil Naomh Bríde, Blackwater

**Application for Enrolment**

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | |
| Forenames: |  | Address: |  |
| Surname: |  |  |  |
| Date of Birth: |  |  |  |
| Gender: |  |  |  |
| Child’s PPSN: |  |  |  |
| Nationality: |  | Eircode: |  |
| Child’s First Language: |  | Religion: |  |
| Was your child Baptised in Blackwater? | | Yes | No |
| Pre-school or school previously attended: | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENTS / GUARDIANS** | | | |
| **Parent / guardian 1:** | | **Parent / guardian 2:** | |
| Name: |  | Name: |  |
| Address: |  | Address: |  |
| (If different to child) |  | (if different to child) |  |
|  |  |  |  |
| Relationship to child: |  | Relationship to child |  |
| Occupation: |  | Occupation: |  |
| Nationality: |  | Nationality: |  |
| First Language: |  | First Language: |  |
| E-mail: |  | E-mail: |  |
| Mobile Number: |  | Mobile Number: |  |
| Work Number: |  | Work Number: |  |
| Who has legal custody of child? Both: One parent/guardian: | | | |
| Does any Legal order under family law exist that the school should know about? Yes No | | | |
| Emergency Contact | Name: | Contact Number |  |
| Emergency Contact | Name: | Contact Number |  |
| In the event of an emergency, where neither parent/guardian can be contacted, do we have permission to take your child to hospital? Yes No | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **MEDICAL DETAILS** | | | |
| GP’s Name: | | | GP’s Number: |
| Allergies / Medical Conditions: | |  | |
| Emotional/other relevant info: | |  | |
| Has your child attended any of the following services? | | | |
|  | Yes | No | Details: |
| Speech & Language Therapy: |  |  |  |
| Physiotherapist: |  |  |  |
| Occupational Therapy: |  |  |  |
| Psychological Service: |  |  |  |

|  |  |
| --- | --- |
| I have attached a copy of my child’s birth certificate |  |
| I have completed/signed the appendix to the enrolment policy overleaf |  |
| I have completed / signed the attached POD form |  |

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scoil Naomh Bríde

**APPENDIX TO ENROLMENT POLICY**

Scoil Naomh Bríde is a Catholic school whose school plan is underpinned by its Catholic ethos. Our aim is to provide a safe, happy learning environment where children’s emotional, psychological, physical and moral development is catered for, in addition to their academic progress. The school promotes and expects from its pupils, a tolerance of different religious beliefs, and of those with no religious beliefs.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **I wish my child to be instructed in the Catholic Faith**:

We / I understand that Scoil Naomh Bríde is a Catholic School and wish our / my child to be taught the Catholic faith:

Yes No

If yes**, please sign here** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You need continue no further)

1. **Respect for the beliefs of others:**
2. We / I understand that there is no compulsion on our / my child to take part in the Religious Education classes in school.
3. We / I understand that, given the lack of supervisional resources in a school the size of Scoil Naomh Bríde, it will not be possible for our / my child to be outside the classroom during these lessons.
4. While we/I do not wish our / my child to be taught the Catholic faith, we /I respect the rights of other children to do so and we / I will ensure that our / my children do or say nothing that would undermine or compromise this basic right to religious expression.

**Signature of Parents / Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Permission to remove child from school during R.E time:**

We/I understand that we / I have the right if we / I wish to take our / my child(ren) out of the school at ....... each day, returning him / her/ them at ...... for the resumption of classes.

We / I wish to exercise this right.

**Signature of Parents / Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALL PARENTS / GUARDIANS ARE REQUIRED TO SIGN THE APPROPRIATE PART OF THIS FORM AND RETURN TO THE SCHOOL OFFICE.**

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 page one and two of this form in CAPITAL LETTERS and return to the school.** This form will be retained by the primary school and will be stored in line with Data Protection Guidelines.

**Teacher/Class Name**  Junior Infants  Senior Infants  First Class 

Second Class  Third Class  Fourth Class 

Fifth Class  Sixth Class  Special Class 

**Pupil Forename: Pupil Surname:**

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

**Pupil Address** \_\_\_ **PPSN of Pupil** \_\_\_\_\_  **Pupils Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ **Mother’s Maiden Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Nationality** \_  **Gender** Male Female

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

**Yes No**

**Continued overleaf …**

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 considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil’s parent/guardian to identify their child’s religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills.  All other information held on POD was deemed by the Data Protection Commissioner as non-sensitive personal data.

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

(Categories are taken from the Census of Population)

White Irish Irish Traveller Roma

Any other White Background Black African Any other Black Background

Chinese Any other Asian Other (incl. mixed background)

background

No consent

**What is your child’s religion?**

Roman Catholic Church of Ireland Presbyterian

(incl. Protestant)

Methodist, Wesleyan Jewish Muslim(Islamic)

Orthodox Apostolic or Pentecostal Hindu

(Greek, Coptic, Russian)

Buddhist Jehovah's Witness Lutheran

Atheist Baptist Agnostic

Other Religions No Religion No Consent

*I consent for this information 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