



Scoil Naomh Iosef BUAILÍN SIAR

ENROLMENT REGISTRATION FORM

St. Joseph's National School
Bouleenshere, Ballyheigue.

Phone No: 066 7133080 - Email: stjosephsns@live.ie

Pupil's Details:

First name of child: _____

Date of Birth: _____ Gender: _____

PPS No. _____

Parent(s) Guardian(s) Details:

1. Name: _____ (Parent) (Custodian) (Legal Guardian)

Address: _____

Home Tel: _____ Mobile: _____ Email: _____

2. Name: _____ (Parent) (Custodian) (Legal Guardian)

Address: _____

Home Tel: _____ Mobile: _____ Email: _____

Name & address to which correspondence/reports regarding your child should be sent:

Any previous school attended: _____

Class _____ (in that school)

Irish version of child's name: _____
(otherwise school will translate)

Arrangements to be made if the child is ill in school:

Name of family doctor: _____

Do you give permission to take the child straight to hospital in case of serious illness or accident? Yes No

1. Does any legal order under family law exist that the school should know about ? Yes No

2. I consent to my child's participation in the RSE Programme Yes No

3. I consent to my child's participation in the Stay Safe Programme Yes No

4. Screening Tests are carried out in the school on all children from Infants to Sixth class. I allow my child to do these tests. Yes No

5. During your child's time in Scoil Naomh Iosef, it may be necessary from time to time to carry out diagnostic testing with your child on an individual basis in order to help them in their education development. I give permission for any necessary diagnostic tests to be carried out with my child. Yes No

6. I give permission for my child to attend the Learning Support/ Resource Teacher if deemed necessary. Yes No

7. I give permission to allow my family details (name, address, date of birth etc.) to be given to agencies such as HSE, school nurse, doctor, dentist etc. Yes No

8. I give permission to allow my child's photograph/image to be included in school related activities, competitions etc. Yes No

9. Have you attached a birth cert copy? Yes No

10.or baptismal cert copy? Yes No

11. I agree to the Code of Behaviour for Scoil Naomh Iosef - which can be found in the Policies Section of our website. Yes No

ADDITIONAL INFORMATION REQUIRED FOR PRIMARY ONLINE DATABASE

For further information on POD please go to the Department of Education & Skills website www.education.ie

Mothers Maiden Name: _____

Pupil's Nationality: _____ Gender:

M F

Is one of the languages spoken at home Irish or English ?

Yes No

P.P.S No: _____

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 ✓ 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 background Other (inc. mixed background)
No Consent

What is your child's Religion?

Roman Catholic Church of Ireland (incl. Protesant) Presbyterian Methodist
Wesleyan Jewish Muslim (Islamic) Orthodox (Greek, Coptic, Russian)
Apostolic or Pentecostal Hindu Buddhist Jehovahs 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.

Parent/Guardian Signatures: _____

Date: _____