

Note: All forms must be completed in full and returned to the school, along with an original Birth Certificate.

Name of Child: _____

Address at which child resides:

Date of Birth: _____

Father's Name: _____ Occupation: _____

Mobile No: _____

Mother's Name: _____ Occupation: _____

Mobile No: _____

***If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.**

Text-a-Parent Information:

Please indicate (tick) which phone should receive the text message from the school:

Mother's	
Father's	

School Emails:

Please provide your email addresses below. The school keeps parents up-to-date through email. Please indicate (tick) which email should receive the email from the school:

Mother's Email		
Father's Email		

Did you child attend preschool: _____ For how long? _____

Where? _____

Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine **please inform the school in writing.**

Person who usually collects child(ren)

1. _____ Phone:

2. _____ Phone:

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours. If there is any change in this regard or if there is any other information which you think may be relevant **it is very important that the school is informed immediately.**

School Emergencies/Sickness/Unexpected Closures, etc.

The following information will be used by the school in the event of:

- Your child feeling sick
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils
- An unexpected closure of the school.

If my child gets sick, or the school has to close unexpectedly, etc and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.

Person the school will contact:

1. _____ 2. _____

Tel/mobile: _____ Tel/mobile: _____

Medical Emergency/Accident

In the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may bring my child/children to a Doctor/Hospital if an emergency arises.

Signed (Parent/Guardian) _____

Family Doctor

Doctor's Name _____ Telephone No: _____

Does your child have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school?

It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies. Does your child have an allergic reaction to medication or food?

Is there any other relevant information about your child which we should know? _____

Parental Consent – Please tick the relevant boxes:

Screening Tests are carried out in the school on all children from Infants to 6th Class. I allow my child to do these tests.

yes **no**

During your child's time in Feevagh N.S., it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual basis to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.

yes **no**

I give permission to allow my child to attend the Special Education Teacher if deemed necessary.

yes **no**

I give permission to allow my child's photograph/image to be included in school-related activities, competitions, newspaper articles etc. and on the school website and Facebook page.

yes **no**

I give permission for my child to use online platforms such as Seesaw and have a Google Education school account

yes **no**

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**

I give my consent to my child being transported to school related events by staff or other parents

yes **no**

I acknowledge that I have read and accepted the School's Code of Behaviour, Anti-Bullying Policy, Internet Use Policy and RSE Policy of Feevagh N.S. Having discussed and explained same with my child and I agree to abide by same.

yes **no**

I consent for my child to participate in the Stay Safe Programme (More information can be found at www.staysafe.ie)

yes **no**

I understand that Feevagh N.S. is a Catholic school and I wish my/our child to be instructed in the Catholic faith.

yes **no**

Parents Signature: _____

I wish to enrol my child _____ in Feevagh N.S.

I declare the above information to be correct and understand that it will be treated as confidential.

Signed: _____

Date: _____

1. Please ensure that you have included a Birth Certificate with this form(A copy will be made and original will be returned to you).

2. Please ensure that you have included a Baptismal Certificate (if your child was baptised outside the parish of Ballyforan, Dysart, Tisrara) with this form.

These documents will be photocopied and returned to you.

Principal's signature: _____

Date: _____

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 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, 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 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.**

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)

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

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 special category data under the General Data Protection Regulation (GDPR). 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. 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 | <input type="checkbox"/> | Irish Traveller | <input type="checkbox"/> | Roma | <input type="checkbox"/> |
| Any other White Background | <input type="checkbox"/> | | | Black or Black Irish - African | <input type="checkbox"/> |
| Black or Black Irish - Any other Black Background | <input type="checkbox"/> | | | Asian or Asian Irish – Chinese | <input type="checkbox"/> |
| Asian or Asian Irish - Any other Asian background | <input type="checkbox"/> | | | Other (inc. mixed background) | <input type="checkbox"/> |
| No consent | <input type="checkbox"/> | | | | |

What is your child’s religion?

- | | | | | | |
|--|--------------------------|------------------------------|--------------------------|------------------|--------------------------|
| Roman Catholic | <input type="checkbox"/> | Church of Ireland (Anglican) | <input type="checkbox"/> | Presbyterian | <input type="checkbox"/> |
| Methodist, Wesleyan | <input type="checkbox"/> | Jewish | <input type="checkbox"/> | Muslim (Islamic) | <input type="checkbox"/> |
| Orthodox (Greek, Coptic, Russian) | <input type="checkbox"/> | Apostolic or Pentecostal | <input type="checkbox"/> | Hindu | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | Jehovah's Witness | <input type="checkbox"/> | Lutheran | <input type="checkbox"/> |
| Atheist | <input type="checkbox"/> | Baptist | <input type="checkbox"/> | Agnostic | <input type="checkbox"/> |
| Christian Religion (not further defined) | <input type="checkbox"/> | Protestant | <input type="checkbox"/> | Evangelical | <input type="checkbox"/> |
| Other Religions | <input type="checkbox"/> | No Religion | <input type="checkbox"/> | No Consent | <input type="checkbox"/> |

I consent for the special category 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