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Application for Enrolment

The Department of Education and Skills has developed 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. The data required for POD is marked with an asterisk and will only be entered on POD if your child enrolls in the school. All other information requested is required for the efficient running of the school.*

Please complete this form in CAPITAL LETTERS and return to the school. This form will be retained by the school.

Child & Family Details

*Child's Name _____ *Date of Birth _____
*Child's Surname _____ *Child's P.P.S.N. _____
*Child's Name on Birth Cert _____ *Mother's Maiden Name _____
(if different from above) *Nationality _____
*Child's Surname on birth Cert _____ *Language spoken at home _____
(if different from above) *Gender: Male [] Female []
*Child's Address _____ Eircode: _____
*Child's Religion _____ Place of Baptism (if applicable) _____

N.B. Please provide a copy of your child's Baptismal Certificate if baptised outside of Grenagh.

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

White Irish [] Black or Black Irish - any other Black background []
Irish Traveller [] Asian or Asian Irish - Chinese []
Roma [] Asian or Asian Irish - Any other Asian background []
Any other White background [] Other (including mixed background) []
Black or Black Irish - African []

Do you consent to uploading data relating to religion and ethnicity to POD? Yes [] No []

The following information is required for the efficient running of the school and will **not** be uploaded to POD. All information is provided in strict confidence and will not be shared without your permission.

Mother's Name & Surname _____

Father's Name & Surname _____

Address (if different from child's address)

Address (if different from child's address)

Eircode: _____

Eircode: _____

Landline No. _____

Landline No. _____

Mobile No. _____

Mobile No. _____

Occupation _____

Occupation _____

Work No. _____

Work No. _____

Email _____

Email _____

Nationality _____

Nationality _____

Child lives with (tick): Both Parents Mother Father Other *Please inform the Principal, in strictest confidence, of any particular family circumstances or arrangements applying to your child.*

Child's Legal Guardian/s(tick): Both Parents Mother Father Other

No. of children in the family: _____

Child's placing in the family (e.g. 1st, 2nd, 3rd) _____

Does child have older brothers/sisters in the school? **Yes** **No** If yes give details:

Name: _____ Class: _____

Name: _____ Class: _____

Name: _____ Class: _____

Name: _____ Class: _____

Childminder's Name _____

Tel. No. _____

Travel Arrangements for Child:

Travel by Car Dropped off by Parent Dropped off by Childminder

Travel by Bus *Please note: Application to travel by bus must be made directly to www.buseireann.ie.*

Emergency Contacts:

Should we be unable to contact you, please provide contact details of two people who may be contacted in the event of an emergency.

Name _____ Relationship to Child _____ Tel _____

Name _____ Relationship to Child _____ Tel _____

Doctor's Name _____ Tel _____

In the event that we are unable to contact you or your emergency contact nominees, do we have permission to seek professional medical advice (G.P. or Hospital)? **Yes** **No**

Education & Learning:

Name of Pre-School _____ No. of Years _____ Tel _____

I give permission to the Principal to discuss my child's progress with the pre-school listed above **Yes [] No []**

Has your child been assessed by a Speech and Language Therapist? If yes **Yes [] No []**

please enclose a copy of the assessment report.

Has your child attended speech and language therapy sessions? **Yes [] No []**

Has your child been assessed by an Occupational Therapist? If yes **Yes [] No []**

please enclose a copy of the assessment report.

Has your child attended occupational therapy sessions? **Yes [] No []**

Has your child been assessed by an Educational or Clinical Psychologist? If **Yes [] No []**

yes please enclose a copy of the assessment report.

Has your child been seen by the Early Intervention Service? If yes **Yes [] No []**

please enclose a copy of the assessment report.

Health:

Does your child have any chronic Medical Condition? **Yes [] No []**

(e.g. Asthma, Anaphylaxis i.e. severe allergy, Epilepsy, Diabetes)

If yes, give details _____

Medication _____

If your child requires prescribed medication in school please complete an Administration of Medication Form (available from the office) and return it with this form.

Give details of any other condition/illness/special needs which you feel could affect your child during the school day

and should be brought to the attention of the class teacher: _____

Declaration:

We declare that the information provided by us on this form is correct. We understand that all information provided is treated confidentially.

Signature of Parent/Guardian 1: _____ **Date:** _____

Signature of Parent/Guardian 2: _____ **Date:** _____

Pease ensure you have enclosed:

1. Copy of Birth Certificate **Yes [] No []**

2. Copy of Baptismal Certificate if baptised outside of Grenagh (if applicable) **Yes [] No []**

3. Copy of Speech & Language Report/Occupational Therapy Report/ Psychologist Report (if applicable) **Yes []**

No []

Parental/Guardian Consents

1. During the school day children may go on educational trips / sports events under teacher supervision, e.g. local park, historical buildings etc. Do you give permission for your child to go on these trips? **Yes [] No []**
2. Standardised testing is done with all pupils from Infants to 6th class. Your child may also participate in individualised Diagnostic testing to better assist their educational achievement. Please indicate if you give permission for your child to partake in these tests. **Yes [] No []**
3. On occasion children are photographed/videoed during school activities, these are on display in the School Hall and in the Classrooms. Also, during the school year children may get the opportunity to visit educational exhibitions / venues where official photographers take photographs for news papers. Please indicate if you give permission for your child's picture to be published. **Yes [] No []**
4. Please indicate if you give permission for your child's picture to be published anonymously on our school website and Social Media (Facebook / Instagram) **Yes [] No []**
PLEASE NOTE: The Board of Management cannot be held responsible for pictures/ videos taken by parents at school events.
5. The HSE, for immunisation purposes and the provision of appointments for dental examination/treatment, may require a child's date of birth and contact details to arrange appointments. Please indicate if you give permission for your child's details to be given to the HSE. **Yes [] No []**
6. Secondary schools, when children are transferring to second level, and sporting bodies, when children are taking part in games outside school, request details regarding contact information and date of birth. Please indicate if you give permission for your child's details to be given to these bodies. **Yes [] No []**
7. The school teaches Relationships and Sexuality Education (RSE) using the guidelines provided by the Department of Education and Skills. Do you give permission for your child to participate in this programme? **Yes [] No []**

The Code of Behaviour is attached. By signing this enrolment form you are indicating that you have read this policy carefully and that you will accept it and agree to be bound by it, and that you will encourage your child/children to observe and obey this policy at all times.

Signature of Parent/Guardian 1: _____

Date: _____

Signature of Parent/Guardian 2: _____

Date: _____

To be completed only if your child is transferring from another Primary School

Previous School _____

Address _____

Tel _____

Principal _____

Your child's Current Class _____

Teacher _____

Please enclose a copy of your child's most recent school report.

Is your child receiving Learning Support **Yes [] No []**

If yes please tick areas support is provided in **Literacy [] Numeracy [] Other []**

Does your child receive English as a Second Language hours? **Yes [] No []**

Please note: The Principal, on behalf of the Board of Management, will contact the Principal of the school from which the child is transferring to discuss the pupil's behaviour and academic progress. All information will be treated in the strictest of confidence.

Please ensure you have enclosed:

Copy of Birth Certificate **Yes [] No []**

Copy of Baptismal Certificate if baptised outside of Grenagh (if applicable) **Yes [] No []**

Copy of your child's most recent school report **Yes [] No []**

Copy of Speech & Language Report/Occupational Therapy Report/ Psychologist Report (if applicable) **Yes [] No []**

IEP (most recent if applicable) **Yes [] No []**

Signature of Parent/Guardian 1: _____

Date: _____

Signature of Parent/Guardian 2: _____

Date: _____

