



STUDENT ENROLMENT FORM 2016

**Note: The information provided on this form is confidential and will be retained, used and disclosed by St. Joseph's N.S. in line with our Data Protection Policy.**

Child's Name		Parent/Guardian 1	
Address		Mobile	
Home telephone		Email address	
Date of Birth		Occupation	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Parent/Guardian 2	
Nationality		Mobile	
Other family members attending St Joseph's	Name: _____ Class: _____ _____ _____	Email address	
		Occupation	
		Parents' / Guardians' Nationality	

*If there are any orders or other arrangements in place governing access to, or custody of the child, please provide details and include supporting evidence.*

*\*If your child has been baptised and intends to make his/her First Holy Communion and Confirmation then you must provide a baptismal certificate.*

*\*\*Your child's PPS number must be supplied for medical (vision & hearing) and dental tests as they progress through school.*

** PPS No.		Birth Cert Provided	Yes	No
Religion		Baptismal Cert provided	Yes	No
Previous school		Class		
Playschool/ Montessori				
Please give details of any medical conditions your child may have including allergies.				
Doctor's Name and phone number				

Does your child have any speech and language problems or any other known learning difficulties?	
Has your child attended any outside agency for support such as speech therapist /physiotherapist/ psychologist. If so please give details.	
Does your child have any hearing difficulties?	
If your child is a non-Irish National please state how many years he/she had been resident in Ireland	

***While we make every effort to ensure the safety of your child, we may need to contact you in the event of an accident or unexpected closing. Please fill in alternative contacts should you not be available at that time:***

Pupil's Name	1. Alternative contact & relationship to child.	Name	Tel:
		Relationship	
Address	2. Alternative contact & relationship to child.	Name	Tel:
		Relationship	

***In the event of an emergency, should we fail to contact you, do you give permission to the School to bring your child to the nearest Doctor's surgery or hospital? Please sign whether your permission is given or otherwise.***

YES	Signed: _____	NO	Signed: _____
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***It is very important that we have up to date contact details for parents and minders, in the event that any of the details on this enrolment form should change whilst your child is attending this school, please inform us immediately.***

#### **Consent to School Rules**

In registering my/our child as a student in St. Joseph's N.S. I understand that this implies a full acceptance of the rules of the school as outlined in the School Code of Behaviour. As a partner in the education of my child I recognise the need for me/us to do my/our utmost to support the work of the school. I accept the Internet usage policy and Ipad usage policy as published on the school website.

Signed: \_\_\_\_\_ [Parent/ Guardian] Date: \_\_\_\_\_

Signed: \_\_\_\_\_ [Parent/ Guardian] Date: \_\_\_\_\_

#### **Consent for Photographs and Digital Images**

Our school maintains a database of photographs and digital images including videos of school events. It is customary to take photos and videos of students engaging in activities to create a pictorial and historical record of school life and as a means of presenting projects and work done. Photographs and videos may be published on our school website and blog, newsletters, calendars and local and national newspapers. In the case of electronic images student's names will not be recorded with the picture.

We seek your permission to allow our school to use these at the discretion of the school authorities in school publications/ website and school blog. If you do not wish to consent to the above, please inform the school in writing during the first week of the school year.

Signed : \_\_\_\_\_ [Parent/ Guardian] Date: \_\_\_\_\_

Signed : \_\_\_\_\_ [Parent/ Guardian] Date: \_\_\_\_\_

**Information for Department of Education and Skills Primary Online Database**

The Department of Education and Skills have developed an electronic database of primary school pupils called the Primary Online Database (POD) . This 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. 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

**In order to assist with the gathering of data please complete the following.**

<b>Child's Name:</b>		<b>Birth Cert name if different:</b>																																					
<b>Mother's Maiden Name:</b>		<b>Nationality of child:</b>																																					
Is one of your child's mother tongues (i.e. language spoken at home) Irish or English?  Yes <input type="checkbox"/>  No <input type="checkbox"/>		To which ethnic or cultural background group does your child belong (please tick one) White Irish <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Roma <input type="checkbox"/> Any other White Background <input type="checkbox"/> Black African <input type="checkbox"/> Any other Black Background <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Other (inc. mixed background) <input type="checkbox"/>  No Consent to share this <input type="checkbox"/>																																					
<b>What is your child's Religion:</b>		<table border="0"> <tr> <td>Roman Catholic</td> <td><input type="checkbox"/></td> <td>Church of Ireland (incl. Protestant)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Presbyterian</td> <td><input type="checkbox"/></td> <td>Methodist, Wesleyan</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Jewish</td> <td><input type="checkbox"/></td> <td>Muslim (Islamic)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Baptist</td> <td><input type="checkbox"/></td> <td>Orthodox (Greek, Coptic, Russian)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hindu</td> <td><input type="checkbox"/></td> <td>Buddhist</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Jehovah's Witness</td> <td><input type="checkbox"/></td> <td>Lutheran</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Atheist</td> <td><input type="checkbox"/></td> <td>Apostolic or Pentecostal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Agnostic</td> <td><input type="checkbox"/></td> <td>Other Religions</td> <td><input type="checkbox"/></td> </tr> <tr> <td>No Religion</td> <td><input type="checkbox"/></td> <td>No Consent to share this information</td> <td><input type="checkbox"/></td> </tr> </table>		Roman Catholic	<input type="checkbox"/>	Church of Ireland (incl. Protestant)	<input type="checkbox"/>	Presbyterian	<input type="checkbox"/>	Methodist, Wesleyan	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim (Islamic)	<input type="checkbox"/>	Baptist	<input type="checkbox"/>	Orthodox (Greek, Coptic, Russian)	<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"/>	Apostolic or Pentecostal	<input type="checkbox"/>	Agnostic	<input type="checkbox"/>	Other Religions	<input type="checkbox"/>	No Religion	<input type="checkbox"/>	No Consent to share this information	<input type="checkbox"/>
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***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: \_\_\_\_\_**

**Signed:** \_\_\_\_\_ **Parent/Guardian** **Date:** \_\_\_\_\_