C:\Users\user\Desktop\crest.tiff

**Application for Enrolment**

**Year of Entry: September 2024**

**Child’s Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checklist**

**Completed application form**

**Copy of Birth Certificate **

**Copy of Baptismal Cert **

***(If applicable)***

**POD information **

**Closing Date: Thursday 29th February 2024**

**Return to:**

**Kate Crossan**

**PRINCIPAL**

**St Patrick’s National School**

**Loch Gowna, Co. Cavan**

**Or**

**Drop in to school office.**

**Additional Contact details if parent is not available**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent for the above named persons to be additional contacts

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

**Child’s Details**

Forename \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eircode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality \_\_\_\_\_\_\_\_\_\_\_\_ If born outside of Ireland, state date of arrival into Ireland\_\_\_\_\_\_\_\_\_

Religious denomination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child was baptised please state where it took place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Details**

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Maiden Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Mobile Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Mobile Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If born outside of Ireland, please state the date of entry into Ireland \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of children in the family \_\_\_\_\_\_\_\_\_\_\_\_ Position of child in family\_\_\_\_\_\_\_\_\_\_\_\_\_

**Language spoken at home:  English  Irish  Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Correspondence – Reports, emails, SMS, information, contact**

**(Please tick one of the following options)**

Mother only  Father only

Both (only in case of non-cohabitation) 

 I hereby consent for my personal data being processed for the purpose of contact, emails, SMS, communication in relation to information, reports, emails, school related activities.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Mother) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**And/OR**

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Father) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notification of Custody or Other Court Orders**

**If there are any orders or custody arrangements in place governing access to or custody of the child, please provide details: Any such information is listed as special category of personal data under the GDPR and Data Protection Acts and where relevant is required for the safety, protection and welfare of the child.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Previous School*** *(If Applicable)* ***and Pre-school Details***

Name of Primary/Pre-School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent to St. Patrick’s National School, Loch Gowna contacting my child’s previous school and for my child’s primary school to share his/her personal data including copies of teachers’ records, class notes, academic records, etc, with the Principal of St Patrick’s NS., Loch Gowna. Co. Cavan

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photographs and Digital Images of Pupils**

The school maintains a digital bank of photographs, recorded video images of school events held over years and printed year photographs. In relation to the school website and the school's social media platforms, I accept that, if the school considers it appropriate, my child’s schoolwork/ photo/ video or audio clips may be chosen for inclusion on ***both*** the school website and the school's social media platforms. I understand and accept the terms of the Acceptable Use Policy relating to publishing students’ work.

**Consent **

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History**

By completing this section, you are consenting to the processing of the student’s special category of personal data as indicated hereunder. Please indicate any medical issues that the school needs to be aware of;-

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

**Medical Contact Details**

Name of Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever been referred to a specialist by your doctor: Yes No 

If yes please give brief details for referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does your child appear to have any difficulties with the following:

**Hearing**: Yes  No  **Speech**: Yes  No  **Vision**: Yes  No 

Has your child any allergies: Yes  No  If yes please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| *PLEASE CIRCLE IF YOUR CHILD ATTENDED/ IS ATTENDING* |  |  |
| Speech & Language Therapy | Y | N |
| Occupational Therapy | Y | N |
| Play Therapy | Y | N |
| Psychiatric/Psychological Assessment | Y | N |
| Does your child have Special Needs | Y | N |

***Please attach a copy of all assessments relating to your child’s development and/or needs***

Any other relevant information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***Permission Slips***

***Learning Support***

St. Patrick’s National School, Loch Gowna has support teachers who provide special tuition to children with learning difficulties and/or disabilities. These teachers specialize in language development, literacy, numeracy and social development. Standardized tests are administered to children from 1st class to 6th class annually. If, at any stage during your child’s time at this school, your child meets these criteria, you will be consulted first, and then support tuition will be facilitated.

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_ to avail of the services of a support teacher if this service is deemed necessary

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Sharing of Information***

Sometimes the school is requested to pass on names of children and their contact details to the HSE, to secondary schools when children are transferring to second level, to sporting bodies when children are taking part in games outside the school.

I give my permission for the school to pass on this information to these three bodies.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Relationships and Sexuality Education (RSE)/ Stay Safe Programme***

The school teaches Relationships and Sexuality Education (RSE)/ Stay Safe Programme using the guidelines provided by the Department of Education and Science. If you would like to view the content of the programme used in the school for teaching RSE you are welcome to do so.

I give permission for my child to take part in the RSE & Stay Safe Programme.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Swimming Lessons***

During your child’s time in this school they will take part in a session of swimming lessons as part of the Physical Education curriculum.

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ take part in swimming lessons organised by the school?

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Code of Behaviour**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as an incoming pupil to St. Patrick’s National School will abide by the rules and regulations of the school, (as outlined in our School Policy which is available on our website) in the interest of maintaining a positive learning environment.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission Slips Cont’d**

***School Trips***

I give permission for my child to go on school trips under teacher supervision during the school day e.g trips to the Local Park, local lake, local historical buildings etc.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete form and return to St Patrick’s National School.** This form will be retained by the Primary school and will be made available for inspection by authorised officers of the Department of Education or from the Office of the Data Protection Commissioner.

***Should any of the above details change, address/phone number or if you are not receiving messages please inform the office as soon as possible. All information from POD Form will be uploaded to the Department of Education POD Database.***

**This form will be retained by the school for the duration of the child’s enrolment**

**Board of Management**

The Board of Management cannot be held responsible for pictures/videos taken by parents at celebrations, school concerts or school related events. It is the responsibility of each person to ensure that consent for sharing images of the children is received IN ADVANCE OF ANY POSTING TO SOCIAL MEDIA.

**Internet Acceptable Use Policy**

As the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I have read the Acceptable Use Policy (our Internet Acceptable Use Policy is available on our website) and grant permission for my son or daughter or the child in my care to access the Internet. I understand that Internet access is intended for educational purposes. I also understand that every reasonable precaution has been taken by the school to provide for online safety but the school cannot be held responsible if students access unsuitable websites.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_