

St. Patrick's National School, Crowenstown - 2023 Pupil Registration Form



Data Protection: The information collected on this form will be held by **St. Patrick's National School, Crowenstown** in manual and in electronic format. The information will be processed in accordance with the Data Protection Act, 1988, the Data Protection (Amendment) Act, 2003 and GDPR regulation 2018.

The purpose of holding this information is for administration needs and to facilitate the school in meeting the student's educational needs and legal commitments etc.

Some of the data will be stored on **Aladdin and POD**. We are obliged to share some of the information with the Department of Education & Skills, Tusla (Child and Family Agency) and the Health Service Executive.

Disclosure of any of this information to statutory bodies such as the Department of Education and Skills or its agencies will take place only in accordance with legislation or regulatory requirements. Explicit consent will be sought from Parents/Guardians, if the school wishes to disclose this information to a third party for any other reason. Parents/Guardians of students have a right to access the personal data held on them by the school and to correct it if necessary.

I consent to the use of the information supplied as described.

Signed Parent/Guardian 1: _____

Signed Parent/Guardian 2: _____

Section 1: The Child

| | |
|--|--|
| Name of child as on Birth Certificate | |
| Name which child wishes to be called | |
| Gender | |
| Date of Birth | |
| Address | |
| Eircode | |
| Home Telephone No | |
| PPSN | |
| Nationality | |
| Religion | |
| Place of Baptism (If applicable) | |

| | |
|---|--|
| Does your child attend a (please ✓ and name) | |
| Crèche | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please name: | |
| Playschool / Montessori | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please name: | |
| A.I.M.S Support | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please state what level: | |
| Previous School (Report must be included) | |

Section 2: Parents/Guardians

| | Parent 1/Guardian 1 | Parent 2/Guardian 2 |
|------------------------------|---------------------|---------------------|
| Name | | |
| Address | | |
| Email address (please print) | | |
| Nationality | | |
| Mobile Tel. No. | | |

If there is any information regarding your child/family that you think is important we should be aware of, please outline below.

Signed: _____ Date: _____
Parent 1/Guardian 1

Name in Block Capitals: _____

Signed: _____ Date: _____
Parent 2/Guardian 2

Name in Block Capitals: _____

| (Please ✓) | Yes | No |
|---|-----|----|
| Is there any court order that is in place relating to any aspect of Guardianship, Custody or Access? If yes , please submit a copy of the court order. | | |

Contact Number for Text a Parent Messages: _____

Section 3: Health

| Does your child have (please ✓) | Yes | No |
|----------------------------------|-----|----|
| Hearing difficulties | | |
| Vision difficulties | | |
| Speech difficulties | | |
| Language difficulties | | |
| Physical difficulties | | |
| Behavioural difficulties | | |
| Allergies | | |

If you have answered Yes to any of the health information questions, please explain

| Has your child been assessed by a (please ✓) | Yes | No |
|---|-----|----|
| Speech therapist | | |
| Occupational therapist | | |
| Psychologist | | |
| Counselling | | |
| Physiotherapist | | |
| Paediatrician | | |
| Other Specialist (if Yes please specify here) | | |

If Yes to any of the above, please attach a copy of report

Family

Place in family _____

| Please ✓ if your child is | |
|---|--|
| Adopted | |
| Fostered | |
| Lives with one parent | |
| Lives with both parents | |
| Has a deceased parent / stepmother/father | |

| Health | |
|--|--|
| Child's Doctor Name | |
| Doctor Address | |
| Doctor Phone Number | |
| Is your child allergic to any Medicine/Substance | |
| Is your child on any long term medication | |

If you have answered Yes to any of the final two questions, please explain

Emergency Contact Details:

In the event of illness, whom should be contact?

Name: _____ Contact No: _____

Do you consent for the teachers to administer First Aid if required for your child? _____

It is essential that we have a phone number of someone we can contact in an emergency, if you are not available.

| | Contact 1 | Contact 2 |
|-------------------------|-----------|-----------|
| Name | | |
| Address | | |
| Relationship with child | | |
| Phone No | | |

Section 4: Consents

| | | YES | NO |
|---|---|-----|----|
| 1 | Do you give permission for your child to take part in the Stay Safe and RSE Programmes? | | |
| 2 | Do you give permission for your child to go on school trips/tours under teacher supervision during the school day e.g. Trips to local historical buildings, the church etc.? | | |
| 3 | Over the course of Primary School life, the staff may take photographs of the children or their work. We may use these images in our school or in printed publications, on the school Facebook page/website as well as on project display boards at school. We may also take video or webcam recordings. Do you consent for your child's image/work to be used in these situations? | | |
| 4 | Sometimes journalists visit our school to take pictures of the children e.g. Awards/prizes, sporting events, first day at school etc. Do you give permission for your child to be photographed for school projects, newspapers and school related activities? | | |
| 5 | The Board of Management will not be responsible for pictures/videos taken by parents at school concerts/celebrations/sporting events etc. | | |
| 6 | Do you consent for the Special Education Teacher (SEN) to carry out educational tests if we are concerned about your child's learning? | | |
| 7 | Do you consent to your child to access the internet in accordance with our internet 'Acceptable Use Policy' and 'Remote Learning Policy'? | | |

Section 5:

Parents are legally obliged to send their child to school and give reasons for absences. Under the Education Welfare Act 2000, we are compelled by law to report any child who misses a total of 20 or more days during the school year to TÚSLA. The school's Attendance Policy and other relevant policies can be viewed on the school website at <http://crowenstownns.scoilnet.ie/blog/>

Section 6:

| | |
|--|--|
| Please ✓ | |
| I certify that the information I have given in this form is correct. | |
| I have attached all assessments/reports relating to my child's development and /or needs. | |
| I confirm that I have received and read a copy of the Enrolment Policy and the code of Discipline. | |
| I agree that the pupil enrolled here with will be subject to those codes and policies. | |
| I consent to the administration of all relevant screening tests to the above name pupil. | |
| I further undertake that he/she will comply fully with the School Rules in Crowenstown N.S | |

Parent's/Guardian's

Signature(s) _____

Date: _____

Please return this form to the school with a copy of your child's Small Birth Certificate and Baptismal Certificate (If applicable).

If for any reason, your circumstances change and you will not be sending your child to our school, please email office@crowenstownns.ie as soon as possible.