



Scoil Mhuire Ballymore Eustace

<http://www.bmesch.ie>
@BallymoreEusNS

office@bmesch.ie
Tel: (045)864085

Enrolment Form

Child

Child's Name: (as on Birth Cert) _____

Date of Birth: _____ Gender: Male Female Other PPSN: _____

Child's Address:

Nationality: _____ Child's First Language: _____

(Pre)School Currently Attending: _____

Sibling(s) Attending Scoil Mhuire: _____

Does your child have any special needs? Yes No

- If yes, please provide a brief account of your child's needs:

Has your child undergone a professional assessment? Yes No

- If yes, what type of assessment? (Educational Psychological Clinical Assessment
Occupational Therapy Assessment Speech & Language Assessment)
- If yes, please provide details of assessment (dates, assessor, outcomes etc)



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Parent(s) / Guardian(s)

Mother's / Parent or Guardian 1's Name: _____

- *Mother's / Parent or Guardian 1's Maiden Name (if applicable):*

- **Address:**

- **Home Tel:** _____ **Mobile No.** _____ **Work No.** _____

- **E-mail address:** _____

Father's / Parent of Guardian 2's Name: _____

- *Father's / Parent or Guardian 2's Maiden Name (if applicable)*

- **Address:**

- **Home Tel:** _____ **Mobile No.** _____ **Work No.** _____

- **E-mail address:** _____

Please indicate above with *** which is the main number to be used for our text message service.

We generally only send texts to one number in an effort to reduce our costs. However if parents/guardians live separately or both require text messages for whatever reason, two numbers can be included to receive text messages.

Who is/are the child's legal guardian(s)?: _____

If there is any relevant legal documentation that we (the school) should have? Please give details and supply the school with a copy. Eg Guardianship. Barring Order. Access etc.

Please give name and contact details of persons who have permission to collect your child from school.

Please notify school if there is a change to the normal routine. These persons may be contacted in cases of emergency where parents cannot be reached.



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Emergency Contact 1 (Primary Contact Person)

Name _____

Address _____

Phone _____

Emergency Contact 2

Name _____

Address _____

Phone: _____

Emergency Contact 3

Name _____

Address _____

Phone _____

Emergency Contact 4

Name _____

Address _____

Phone: _____

**The contact details for at least 1 emergency contact person should be completed*



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Primary Online Database (POD)

The Department of Education and Skills 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 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.

To which ethnic or cultural background group does your child belong? (please tick one) (*Categories are taken from the Census of Population*)

White Irish Irish Traveller Roma Any other White Background Black African
Any other Black Background Chinese Any other Asian background
Other (inc. mixed background) No Consent

What is your child's religion? (please tick one) (*Categories are taken from the Census of Population*)

Roman Catholic Church of Ireland (incl. Protestant) Presbyterian Methodist, Wesleyan
Jewish Muslim (Islamic) Orthodox (Greek, Coptic, Russian) Apostolic or Pentecostal
Hindu Buddhist Jehovah's Witness Lutheran Baptist Atheist
Agnostic Other Religion No Religion No Consent

Please tick the appropriate box below

I/We Consent Do Not 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(s)/Guardian(s))

Date: _____

A POD helpdesk is in place to answer queries and provide any further information you may require and is staffed from Monday to Friday 8:30am to 5pm. The helpdesk staff can be contacted by email at pod@education.gov.ie or at 01 8892311.



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Medical Information

Doctor's Name: _____ Doctor's No. _____

Doctor's Address: _____

Does your child suffer from any illness / condition or known allergy that the school may need to be aware of? Yes No

- If yes please provide further details:

Is your child currently on medication that the school may need to be aware of? Yes No

- If yes please provide further details:

A separate form, if necessary, for the administration of medicine during the school day must be completed upon successful enrolment, along with a medical indemnity form. Please notify the school authorities if medication is to be administered during the school day.

Is there any additional Special Medical Information relating to your child that the school should be aware of? Yes No

- If yes please provide further details.

Authorisation for Referral to a G.P. / Hospital

I hereby authorise the management and staff of Scoil Mhuire, Ballymore Eustace to refer my child in the event of illness or accident, to a doctor or hospital for whatever treatment the doctor or hospital staff may deem appropriate. I understand that the school authorities will make reasonable efforts to contact me to inform me of the situation. I further understand that I will be liable for any costs, which may be incurred.

Authorisation for Transfer of Personal Details to H.S.E.

I consent to sharing information with the H.S.E. in order to facilitate Immunisation Programmes and Screening Programmes (Hearing, Vision and Dental).

Please tick appropriate box: Yes No *This authorisation remains valid until withdrawn by me/us.*

Signed: _____ (Parent(s)/Guardian(s))

Date: _____



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Parental Consent

I understand and agree that these consents given below, will endure for the duration of my child's attendance in Scoil Mhuire Ballymore Eustace National School.

Data Protection

Scoil Mhuire NS, Board of Management is registered as a Data Controller under the Data Protections Acts 1988 and 2003. The personal data supplied on this application form is required for the purpose of pupil enrolment, registration, administration, child welfare and to fulfil our legal obligations. Contact details will be used to notify you of school events/ activities or in cases of emergency. While the information provided will be generally treated as confidential to Scoil Mhuire, from time to time it may be necessary for us to exchange personal data on a confidential basis, where we are legally required to do so, with other bodies including the Department of Education & Skills, the Department of Social Affairs, An Garda Síochána, The HSE, Túsla and other schools where the pupil is transferring.

Parents will be notified in the instances where data is being shared with a third party. We rely on parents/guardians to provide us with accurate and complete information and to update us in relation to any change in the information provided. Should a parent/ guardian wish to update or access their child's personal data they should put the amendment/request in writing to the school principal. A copy of our Data Protection Policy is available on our website or on request from the school office.

I give consent to Scoil Mhuire to manage the data in these forms in line with the school's Data Protection Policy.

Yes No Signed: _____ *Parent(s)/Guardian(s)*

Date: _____

Aladdin

Scoil Mhuire uses 'Aladdin' as our primary electronic communications and data storage tool. Aladdin Schools is an Irish owned and run, online Management Information System (MIS) specifically designed to simplify administration in primary schools. Please visit www.aladdin.ie for further information.

This system is used primarily...

- to record enrolment and contact information
- to record attendance and absences
- for storage and analysis of standardised test results
- to organise and track rental of books to pupils
- to communicate with parents and staff about upcoming events, meetings etc.

This system does not completely replace paper-based communications nor is it currently used for seeking consent. It has proven an effective means of keeping parents informed and up to date. By default, text messages only send to one mobile number while emails are sent to both parent(s)/guardian(s). If necessary text messages can be sent to two numbers (see Parent/Guardian section). If you have not indicated which number on the enrolment form is to be used for text messages, the default number will be the mother's / parent 1's.



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Please indicate your consent for this number to be used. I give consent to Scoil Mhuire to use my mobile phone number(s) and email address(es) for the purposes laid out above.

Yes No

Signed: _____ Parents(s)/Guardian(s)

Date: _____

Acceptance of School Rules, Policies and Procedures

In registering and enrolling my child as a pupil in Scoil Mhuire, I understand that this confirms a full acceptance of the rules of the school as outlined in the school's Code of Behaviour. As a partner in the education of my child, I recognise the need for me to do my utmost to support the work of the school. I have read and agree to abide by the terms and conditions laid out in the Code of Behaviour, Anti-bullying Policy, Child Safeguarding Statement and Health & Safety Policy (all available on the school website or available through the school.)

I accept and agree to abide by all of the School Rules, Policies, Procedures and Practices.

Signed: _____ Parent(s)/Guardian(s)

Date: _____

Education Screening/Diagnostic Tests

Pupils may require educational screening and/or diagnostic testing to be carried out by school teachers during their time in Scoil Mhuire.

I give my permission for these tests to be carried out with my child.

Yes No

**Please note; additional consent will be sought if screening or diagnostic tests are to be carried out by professionals not directly employed by the school.*

Consent for Photographs and Digital Images/Videos

Photos and videos of school events are taken from time to time in our school and may be displayed on our school website, social media apps, in newsletters, around the school premises and in local & national newspapers. In the case of web images or videos, pupil's names will not be recorded with the picture.

I agree to allow the school to use photos, videos, digital material etc, at the discretion of the school authorities, in school promotions, publications, on the school website etc.

Yes No

**If you do not wish to consent to the above, please re-confirm this to the school in writing during the first week of the school year.*



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Internet Access and Acceptable Use Policy

I have read and understand the Internet Acceptable Use Policy on the website and grant permission for my child to access the internet. I understand that school internet usage is primarily for education purposes and that every reasonable precaution will be taken by the school to provide for online safety. I accept my own responsibility for the education of my child on issues of Internet Responsibility and Safety. I also understand that every reasonable precaution has been taken by the school to provide for online safety but that the school cannot be held responsible if pupils access unsuitable sites.

Yes No

Relationships & Sexuality Education (RSE) Programme

I have read the SPHE policy on the website. I understand that participation in the Relationships & Sexuality Education is part of this curricular subject area and agree to my child's participation in the RSE Programme.

Yes No

**If you do not wish to consent to the above, please inform the school in writing during the first week of the school year and state clearly that you will accept responsibility for your son's Relationships & Sexuality Education.*

Field Trips/Church Visits/Short Walks

I agree to my child participating in field trips and activities around the school and within walking distance of the school (Church Visits, Nature Walks, Local Trails etc), to support the school curriculum.

Yes No

** School tours will be consented separately. Consent for participation in school team or small group outings, competitions, meetings, games and events etc. will be sought separately. Consent for class outings that requires vehicular transportation will be consented separately also.*

In signing these enrolment forms, I am agreeing to support the Board of Management and staff of Scoil Mhuire in their implementation of all the school policies. I agree to support the staff in their efforts to provide a positive learning experience for all of the children in the school.



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Confirmation & Acceptance

I confirm that I have read and understand all the information set out on this form and the attached forms. I certify that the information I have given in this form is correct. I understand that if the information we have given is false it could result in the child's enrolment being suspended or cancelled.

I confirm that I have read, understood and accept the terms and conditions outlined in the following policies; Enrolment, Code of Behaviour, Anti-Bullying, Data Protection, Safety Statement, Child Safeguarding Statement and Internet Acceptable Use Policy.

These policies are available through the school website <http://www.bmesch.ie> or alternatively can be requested from the school office.

By enrolling my child in Scoil Mhuire I agree to the rules and procedures set out in the school Code of Behaviour. I also agree to accept the procedures, practices and rules set out in the school's policies on curriculum, organisation and management.

I give consent to Scoil Mhuire to maintain the data contained in this form.

I wish to enrol my child in Scoil Mhuire, Ballymore Eustace, Co. Kildare

Signed: _____ *Parents/Guardians*

Date: _____ *Signature of both Parents/Guardians required, where possible.*

******* Please provide a copy of your child's Birth Certificate with this Enrolment Form*******

Office Use Only Date Received _____ Time _____