



# Scoil Mhuire Ballymore Eustace

[www.bmesch.ie](http://www.bmesch.ie)  
@BallymoreEusNS

office@bmesch.ie  
045-864085

## Enrolment Form 2018~2019

### The Child

Child's Name: (as on Birth Cert) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M  F  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  (Psycho Ed, Clinical, O.T. Speech & Language)

If yes please provide details of assessment \_\_\_\_\_

### Parents / Guardians

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Tel No. \_\_\_\_\_

Mobile No. \_\_\_\_\_ Work No. \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Tel No. \_\_\_\_\_

Mobile No. \_\_\_\_\_ Work No. \_\_\_\_\_

Please indicate above with \*\*\* which is the main number to be used for Text-a-Parent

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 maybe contacted in cases of emergency where parents cannot be reached.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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?

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. 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.

**I/We confirm that I/we have read and understand all the information set out on this form and the attached forms.**

**I/We certify that the information I/we have given in this form is correct.**

**I/We confirm that I/we 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 [www.bmesch.ie](http://www.bmesch.ie) or alternatively can be requested from the school office. By enrolling my child in Scoil Mhuire I/we agree to the rules and procedures set out in the school Code of Behaviour. We also agree to accept the procedures, practices and rules set out in the school's policies on curriculum, organisation and management.**

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

**I/We wish to enrol my son/daughter in Scoil Mhuire, Ballymore Eustace, Co. Kildare**

*Signed:* \_\_\_\_\_ *Parents/Guardians*

*Date:* \_\_\_\_\_ *Signature of both Parents/Guardians required.*

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

Office Use Only

Date Received \_\_\_\_\_ Time \_\_\_\_\_



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## Medical Form 2018-2019

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

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 for the administration of medicine during the school day should be completed should the need arise. Please notify the school authorities if medication is to be administered during the school day.*

Is there any 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/We \_\_\_\_\_ (Names of Parents/Guardians required)

of (address) \_\_\_\_\_

hereby authorise the management and staff of Scoil Mhuire, Ballymore Eustace, Co. Kildare to refer my/our son/daughter \_\_\_\_\_ Date of Birth: \_\_\_\_\_ in the event of illness or accident, to a doctor or hospital for whatever treatment the doctor or hospital staff may deem appropriate.

I/We understand that the school authorities will make reasonable efforts to contact me/us to inform me/us of the situation. I/We further understand that I/we will be liable for any costs, which may be incurred.

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

I/We 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: \_\_\_\_\_

Date: \_\_\_\_\_



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## Consent Form 2018-2019

### 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 and Family Affairs, An Garda Síochána, The Health Service Executive, the National Educational Welfare Board 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 Principal.

**I/We 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/ Guardian] Date: \_\_\_\_\_**

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

### Text-a-Parent

Scoil Mhuire uses a texting system called Text-a-Parent. This system is for the purpose of informing parents of upcoming events or changes to arrangements already organised. This system is not to replace longer communications with parents or families or for seeking consent. This, we have found, is an effective method of keeping parents informed and up to date. As a result we would request that one number per household be used. If necessary two numbers can be used. Please indicate (as requested) which number is to be used on the Enrolment Form. Please indicate your consent for this number to be used.

**I/We give consent to Scoil Mhuire to use my mobile phone number for the purposes laid out above. Yes \_\_\_\_\_ No \_\_\_\_\_**

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

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

### Acceptance of School Rules, Policies and Procedures

In registering and enrolling my/our 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/ Guardian] Date: \_\_\_\_\_**

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

## Parental Consent for duration of child attending Scoil Mhuire

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.

### Education Screening/Diagnostic Tests

Pupils require educational screening and/or diagnostic testing during their time in Scoil Mhuire. I/We give my/our permission for these tests to be carried out with my/our son/daughter.

Yes \_\_\_\_\_ No \_\_\_\_\_

*\*Please note; additional consent will be sought and required where a child in our school requires additional support teaching allocation.*

### Consent for Photographs and Digital Images

Photographs and digital images including videos of school events are taken from time to time in our school. Photographs and videos may be published around the school, on our school website, newsletters, calendars and local and national newspapers. In the case of website images pupil's names will not be recorded with the picture.

I agree to allow the school to use these at the discretion of the school authorities in school promotions, publications, on the school website and school twitter page.

Yes \_\_\_\_\_ No \_\_\_\_\_

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

### Internet Access and Acceptable Use

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 for education purposes only 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 \_\_\_\_\_

### RSE Programme

I/We 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/our child's participation in the Relationships & Sexuality Education 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/We agree to our 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.***

### School Teams & Committees

Participation in school teams, competitions, committees etc. is an integral part of school experience. Parents are advised in advance of all such activities. Therefore, consent will be sought separately prior to each sports outing as children will travel by bus to such events

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.

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

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