**Appendix (2)**

**Enrolment Registration Form**

Since September 2014, all schools are required to enter the data in section 1 of this form onto the Primary Online Database {P.O.D.}. A full outline of the data requested, the reasons for collecting each piece of data, and how the data will be used, access, stored, shared and retained is given in the P.O.D. Fair Processing Notice available on the P.O.D. area of the Department’s website.

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| --- |
| **Child’s Details** |
| **Child’s First Name:** |  |
| **First Name as on Birth Certificate****(if different from above):** |  |
| **Child’s Surname:** |  |
| **Surname as on Birth Certificate****(if different from above):** |  |
| **Gender:** |  |
| **Child’s P.P.S. Number:** |  |
| **Nationality:** |  |
| **Date of Birth:** **(Please provide a copy of your child’s birth certificate)** |  |
| **Child’s Address:****\*Eircode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |  |
|  |
|  |
| **Mother’s Details** |
| **Name:** |  |
| **Maiden Name:** |  |
| **Occupation:** |  |
| **Mobile Number:** |  |
| **Work Number:** |  |
| **Landline:** |  |
| **Nationality:** |  |
| **Email:** |  |
| **Language spoken at home:** |  |
| **Father’s Details** |
| **Name:** |  |
| **Occupation:** |  |
| **Mobile Number:** |  |
| **Work Number:** |  |
| **Landline:** |  |
| **Nationality:** |  |
| **Email:** |  |
| **Language Spoken at home:**  |  |
| **Religion:** |
| **What is your child’s religion?** |  |
| **Place of baptism (If applicable):****(Please provide a copy of your child’s Baptismal Certificate)** |  |
| **I consent/I do not consent (delete as appropriate) for the information regarding my child to be stored on the Primary Online Database (P.O.D.) and transferred to the Department of Education and Skills and any other primary school my child may transfer to during the course of their time in primary school.****Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Section 2: (The following information is for *school use only*)**

|  |  |
| --- | --- |
| **Number of Children in the family:** |  |
| **Place in the family:** |  |
| **Has your child attended pre-school?****If so, where?** |  |
| **Is your child right or left handed?**  |  |
| **Name and telephone numbers of contact persons in the event of emergency:** **If you wish to add more please feel free to do so on the reverse of this sheet.**  | **Name:** **Number:** **Relationship to the child:** **Name:** **Number:** **Relationship to the child:**  |
| **Family Doctor:** | **Name:** **Address:****Telephone Number:** |
| **Family Doctor:** | **Name:** **Address:****Telephone Number:** |
| **Do the school have permission to bring your child to the doctor or hospital in the case of an emergency?** | **Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Name of persons (other than parents) who have permission to collect your child from school:****Please inform the school of any changes throughout the year** |  |
| **Any allergy or illness including hearing, sight, physical or any other special needs:****Please speak to school Principal/Class teacher if any special provisions are to be made for children with special educational needs before entry to school****Please provide reports and attendance from former schools (where applicable)** |  |
| **Has your child ever had a psychological assessment? (If yes, please provide a copy to the school)** |  |
| **Has your child ever received a speech and language report? (If yes, please provide a copy to the school)** |  |
| **During your child’s time in our school, it may be necessary to carry out diagnostic testing on an individual basis in order to help them in their educational development.****I/We give permission for any necessary diagnostic tests to be carried out on our child.** | **Parent’s Signature:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **I/We give permission for family details to be given to the H.S.E. (School Nurse, Dentist)** | **Parent’s Signature:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **I/We give permission for family details to be given to the H.S.E. (School Nurse, Dentist)** | **Parent’s Signature:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **I/We will take part in the school’s book rental scheme. (At a cost of €2 per book in Infant classes, this may change as your child gets older)** | **Parent’s Signature:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Declaration:****I/We declare that all the information provided by us on this form is correct. We understand that it will be treated confidentially.**  | **Parent’s Signature:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Parent’s Signature:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**This section is to be completed if you are applying for your child to be transferred from another school:**

|  |  |
| --- | --- |
| **Name of school your child is currently attending:** |  |
| **Address of school?** |  |
| **Phone number of school:** |  |
| **Principal:**  |  |
| **Class your child is currently in:** |  |
| **Name of class teacher:** |  |
| **Reason for applying for transfer:** |  |

School Social Media/Website Picture & Video Permission Form

**Please fill out and sign the appropriate statement (a or b) to either give or to decline permission to use pictures/videos of your child(ren) on the school website and social media accounts.**

\*Pictures / Videos may include school / class project work, art work, sport & activities, competitions, awards, plays etc.

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1. **To GRANT permission to use your child(ren)’s pictures/ videos:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print your name) **GRANT** permission for Gneeveguilla N.S. National School to use pictures/videos of my child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print children’s name) on the school social media account(s) and website.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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1. **To REFUSE to grant permission to use your child(ren)’s pictures/ videos:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print your name) **REFUSE** to grant permission for Gneeveguilla N.S. National School to use pictures/videos of my child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print children’s name) on the school social media account(s) and website.

I state that I have the right to refuse this permission as I am the child’s parent or legal guardian.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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