

**St. Patrick's Boys National School
Rathangan, Co. Kildare, R51 VP23.**



Roll No. 15957D

Tel: 045 528496

Enrolment Form

Name of Child: _____

Address at which child resides: _____

_____ Eircode: _____

P.P.S. Number: _____ **(must be included)**

Telephone No: _____ **This number will be used in text-a-parent**

Date of Birth: _____ Nationality: _____

Country of Birth: _____

If not born in Ireland, date on which child arrived in Ireland? _____

Mother's Nationality: _____ Father's Nationality: _____

Mother's maiden name: _____

If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.

Mother's Name: _____ Mobile No: _____

Mother's E-Mail: _____

Father's Name: _____ Mobile No: _____

Father's E-Mail: _____

Guardian's Name: _____ Mobile No: _____

Does any legal order under family law exist that the school should know about? _____

Position of child in family (1st, 2nd etc) _____ Number of children in the family _____

Has your son a sibling in the school? _____ His name and class: _____

Religious denomination: _____

Name of Preschool attended: _____ for how long? _____

At what age did your child begin to speak: _____ Does he speak well? _____

Has your child ever had a psychological assessment? _____

Has your child ever received a speech and language report? _____

Has your son a sibling in the school? _____ His name and class: _____

Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine, please inform the school in writing.

_____	Phone _____
_____	Phone _____
_____	Phone _____
_____	Phone _____

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours. If there is any change in this regard or if there is any other information which you think may be relevant it is very important that the school is informed immediately.

The following information will be used by the school in the event of your child feeling sick or an emergency occurring while the school is in operation, making it necessary to close the school unexpectedly. In such an emergency, it is advisable to ensure the safe return home of pupils.

If the school is unable to contact you, please provide the name, telephone number and address of **two other people** you nominate for us to contact. We will ask this person to come and collect your child/children.

Person/s the school will contact:

1 _____ 2 _____

Tel/mobile: _____ Tel/mobile: _____

Medical Emergency/Accident

In the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may bring my child to a Doctor/Hospital in an emergency. Signed _____ (Parent/Guardian)

Family Doctor (Only if you wish)

Doctor's Name _____ Telephone No: _____

Does your child have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school?

If your child is on medication which needs to be stored or administered in school you will have to complete an indemnity form. Please contact the school for this form.

It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies. Has your child an allergic reaction to medication or food? _____

Is there any other relevant information about your child which we should know?

Information required for Dept. of Education & Skills POD (Primary Online Database)

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 ___ (incl. mixed background) No consent ___

Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English?

Yes No

Data Protection Statement for inclusion on relevant forms when personal information is being requested

The information collected on this form will be held by Rathangan Boy's National School in manual and in electronic format. The information will be processed in accordance with the Data Protection Act. 1988 and the Data Protection (Amendment) Act 2003.

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

Disclosure of any of this information to statutory bodies such as the Department of Education and Science 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 pupils 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 _____

I consent to my child's participation in the RSE Programme_____,
Stay Safe Programme_____, Using the computer & internet under supervision_____.

Parents Signature: _____

Screening Tests are carried out in the school on all children from Infants to 6th Class. I allow my child to do these tests.

Parents Signature: _____

During your child's time in Rathangan BNS, it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual basis to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.

Parents Signature: _____

I give permission to allow my child to attend the Learning Support/Resource teacher if deemed necessary.

Parents Signature: _____

I give permission to allow my child's photograph/image to be included in school-related activities, competitions etc.

Parents Signature: _____

I give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE (school nurse, doctor, dentist), etc.

Parents Signature: _____

In future years your child may be required to travel to represent the school at community, sports, science events/ school tours. You will be notified beforehand. I give permission for my child To travel to represent Rathangan BNS at future events/ school tours.

Parents Signature: _____

Please read the Code of Behaviour on rathanganbns.ie or request a copy from the school. Tick the box below to confirm you accept it.

I confirm that the Code of Behaviour is acceptable to me and that I will make all reasonable efforts to ensure that my child is compliant with this code.

I declare the above information to be correct and understand that it will be treated as confidential.

Signed: _____ Date: _____

THIS SCHOOL IS AN EGG AND NUT FREE ZONE

**To be completed if your child is transferring from another
Primary School**

Previous School: _____

Roll Number: _____

Address: _____

Telephone: _____

What class was your child in when he left the school? _____

Reason for Transfer:

Please enclosed a copy of the most recent school report and attendance record?

N.B. All forms: must be completed in full and returned to the school before a new pupil will be enrolled in the school. Proof of address must accompany application.

Note: We require reports from previous schools in order to meet the needs of your child.