



Scoil Naomh Bríde

Tulach Uí Chadhain

Tulach Uí Chadhain, Maigh Cuilinn Co. Gaillimh
 Tullokyne, Moycullen, Co. Galway
 Tel: (091) 555601

Admission Registration Form For New Pupils Year 2023-2024

Please write clearly & in BLOCK CAPITALS. All sections must be fully completed, thank you.

About this form:

The following form asks you to submit a range data on your child to assist us in the efficient running of the school. Some data is also required by the Department of Education and skills.

The Department of Education and Skills has developed an electronic database of primary school pupils called the Primary Online Database (POD). This allows schools to maintain and return data on pupils to the Department. This information will be used to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns for grant payment and teacher allocation purposes, to follow up on pupils who do not make the transfer from primary to post primary level and for statistical reporting.

The database also looks for information on the pupil's religion and on their ethnic or cultural background. This is optional data and is only uploaded if consent is given by parents. As such, questions regarding your child's ethnic background and religion are contained below along with a consent box to allow us to submit these to the Department.

Please complete the form in CAPITAL LETTERS and return to the school along with any other necessary paperwork. This form and copies of any other relevant paperwork will be retained by the school. Thank you.

1. PUPIL'S PERSONAL DETAILS

Surname:		Date of Birth:	
Forename:		PPSN of Pupil:	
Address:		Nationality:	
Eircode: <i>(please include if not above)</i>		Mother's Maiden Name:	
Gender:		Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English?	

What is your child's religion?				
Roman Catholic		Presbyterian		
Methodist, Wesleyan		Jewish		
Orthodox (Greek, Coptic, Russian)		Church of Ireland (incl. Protestant)		
Buddhist		Apostolic or Pentecostal		
Baptist		Other Religions		
Atheist		No Religion		

If you intend your child to receive the Sacraments, please indicate here and include a copy of the child's Baptismal Certificate when returning this form.

Do you consent to uploading data relating to religion to POD?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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To which ethnic or cultural background group does your child belong (please tick one)?			
White Irish	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Any other White Background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
		Roma	<input type="checkbox"/>
		Any other Black Background	<input type="checkbox"/>
		Other (inc. mixed background)	<input type="checkbox"/>

(Categories are taken from the Census of Population)

Do you consent to uploading data relating to ethnicity to POD?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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We / I consent the above personal details of our child 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. This will include data relating to ethnicity and religion only if you have indicated consent above.

Signed:		Signed:	
Name:		Name:	
Date:		Date:	

ALL FURTHER DATA IS FOR SCHOOL USE ONLY AND WILL NOT BE UPLOADED TO POD

2. PUPIL'S NEEDS

Has your child any additional needs? Yes OR No Please indicate below:

Visual Emotional Language Speech Hearing
 Other (Please specify) _____

Has your child ever been professionally assessed? Yes OR No

Please submit a copy of a doctor's or other professional reports or assessments if you have answered **yes** to any of the above. This documentation allows us to ensure that your child gets all necessary support on commencing school.

Please indicate if you are willing for your child to receive additional support teaching should it be deemed necessary by the school Yes OR No

3. PARENT/LEGAL GUARDIAN INFORMATION

Name:		Name:	
Address:		Address:	
Landline Number:		Landline Number:	
Work Phone Number:		Work Phone Number:	
Mobile Phone Number:		Mobile Phone Number:	
Email Address:		Email Address:	
Signature:		Signature:	

4. CUSTODY / ACCESS ARRANGEMENTS

Only complete this section if the school needs to be made aware of any specific custody/access arrangements in place.

Where specific issues apply, please make known the agreed person (father / mother / guardian) to be contacted in relation to the pupil. This person will be deemed to be the primary contact unless otherwise advised in writing.

Custody / Access Arrangements: (please specify only those arrangements relevant to the school: e.g. collection arrangements, communication with school etc.)			
Agreed Primary Contact:		Role:	
Email Address:		Mobile Contact Number:	
Signature:			

5. MEDICAL DETAILS

Family Doctor:		Phone Number:	
Address:			

Please list any illness/medication that you feel we should know about, should an emergency arise:

Has your child any illness or medical condition that you feel the school should be aware of? If so, please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child on continuous medication? If so, please state name of the medication:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does a supply of this medication need to be stored in school for access by your child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you give permission for a summary of medical information to be made available to all staff when necessary so they are fully aware of any illness/medication.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you give permission in the case of a minor accident to administer basic first aid (i.e. cleaning the affected area and applying a plaster if necessary?)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If it is necessary to bring your child to a doctor/hospital every effort will be made to contact parents/guardians first. However, in an emergency, do you give permission to the school to bring your child to the doctor/hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>

6. EMERGENCY CONTACTS

If it is not possible to contact either parent please nominate one or two **other** people who could be contacted if you are unavailable:

	Name:	Relationship to the Child:	Mobile Phone Number:	Home Phone Number:
Emergency Contact 1				
Emergency Contact 2				

7. ADDITIONAL INFORMATION

Has your child attended a Pre-school, Creche, Play School or Montessori? If so please provide details below:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If your child is enrolling in a class other than junior infants please provide the name of previous school and provide a copy of any recent relevant school or professional reports:	

In our school we endeavour to provide the highest standards of pastoral care and academic instruction for your child. In order to achieve this, it is vital that the school be informed of any relevant situation regarding health, bereavement, domestic circumstances etc. that may have a bearing on your child's general health, wellbeing or learning. Such information may be detailed here or alternatively you may contact the principal teacher directly. Any information will of course, be treated in the strictest confidence.

CHECKLIST

Fully filled out enrolment form	
Copy of Birth Certificate	
Copy of Baptismal Cert* (If your child will be making their communion and confirmation)	
Copies of any relevant medical or other professional reports (if applicable)	
Acceptable Use Policy Signature Page	
Fully filled Agreements and Consent page	
Most recent report from previous school attended (if applicable)	

AGREEMENTS AND CONSENT

Please indicate your agreement/consent by circling either Yes or No and both parents/guardians to sign below.
Please insert your son/daughter's name in the spaces below.

<p>School Policies Agreement Children enrolled in Scoil Naomh Bríde, Tulach Uí Chadhain are required to co-operate with and support the School's Code of Behaviour and ethos policies as well as all other policies on curriculum, organisation and management. These policies are available on the school website. Please indicate whether you agree to this.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>School Behaviour and Discipline Policy Agreement We / I have read the School Code of Behaviour Policy of Scoil Naomh Bríde (attached) and have a clear understanding of its contents. We / I accept that _____ will be bound by the procedures as set down in this policy.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Data Protection The information provided in this form is necessary for the work of the school and is confidential to the school. However, the school may be asked to provide contact information to the:</p> <ul style="list-style-type: none"> • Scoil Naomh Bríde's Board of Management for contact purposes • Scoil Naomh Bríde's Parents' Association for contact purposes • Health Service Executive (HSE) to facilitate their work such as immunisations, sight and hearing tests, dental appointments and contact tracing etc. <p>Please indicate your agreement that the Child's Personal Details be made available to these.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Assessments/Screening It is the part of our school policy to administer on-going formal and informal assessments and screening tests to monitor the progress of each child in our school. These tests include: <i>M.I.S.T. (Senior Infants) NRIT (1st Class) SigmaT (Maths) 1st-6th Classes</i> <i>MicraT (English) 1st-6th Classes Test-2-R Bangor Dyslexia Screening Test WIAT 3T</i></p> <p>Please indicate your permission to administer these tests and further diagnostic assessments if deemed necessary. <i>*This does not include outside professionals. Outside professionals will only engage with your child after consultation with parents/guardians.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Photographs and Recordings The school's Acceptable Use Policy outlines the conditions and procedures in place for the use of ICT/Digital devices in school. Included within it is consent around the use of photographs on school website and other school publications. Please read the policy and return the signature page along with this policy.</p> <p>Occasionally the school will make a submission to local community publications such as Moycullen Matters. It is policy that pictures submitted will not include any information which would allow individuals to be identified and that, in general, only group pictures will be submitted. Please indicate your consent to your child being included in these submissions.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Other Areas of Consent Your child's uniform being changed by an adult member of staff in the presence of another adult in case of illness or toilet accident. Use of mobile numbers by the school for text messages and emergencies. Use of email addresses by the school for issuing school communications and information.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Future Amendments and Updates We / I agree to abide by the rules of the school as they are now and as they may be amended or updated in the future. We / I understand that Parents/Guardians will be notified of any changes to school policies.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>

We / I consent as indicated above:

Signed:		Signed:	
Name:		Name:	
Date:		Date:	

Thank you.