

In order to assist in the gathering of data please complete **all** sections of this form and return it to the school along with a copy of your child's birth certificate. Original certificates will be photocopied by the school and the original returned to you. This form will be retained by the school.

1. Child's Personal Information

Name of child as per Birth Certificate _____
Gender M/F _____ Date of Birth _____
Address _____
Eircode _____ PPSN _____
Nationality _____ Religion _____
Ethnic or cultural background, please circle one: Irish/ Roma/ Traveller/ Asian / African/ Mixed/Other
Has your child been baptised? Yes _____ No _____ If yes, please include a copy of the certificate.
Number of children in your family and their ages _____

Place of child in family (e.g. youngest) _____
Does your child have sister/s, brother/s presently in this school? Yes _____ No _____
If yes, please state name/s: _____
Name of playschool/previous school attended: _____
Number of years spent in playschool/ previous school: _____
Did your child repeat any class? Yes ___ No ___ If yes, why? _____

2. Transfer of information

I give permission for transfer of information, assessments and / or reports from a previous School or Crèche. Yes _____ No _____ (Please tick one)

3. Parents/Guardians Information

Mother's Name: _____ Phone Home/work: _____
Nationality: _____ Phone Mobile: _____
Email Address (Aladdin Connect): _____
Address (If different to child): _____
Father's Name: _____ Phone Home/work: _____
Nationality: _____ Phone Mobile: _____
Email Address (For Aladdin Connect): _____
Home Address (If different to child): _____
Who are the legal guardians of your child? _____

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

4. Emergency Contact

In case of accident or unexpected school closure **if** parents/guardians cannot be reached
Name of Contact: _____ Phone No: _____
Address: _____
Relationship to Child: _____

If there is any change in this routine, please inform the school in writing.

5. Child's Medical History

Does your child have any illness or condition that could affect school life? Yes _____ No _____

If yes, please give details: _____

Is he/she at present taking long-term medication? Yes _____ No _____

Does your child have a problem with hearing? Yes _____ No _____

Does your child have a problem with eyesight? Yes _____ No _____

Has s/he ever had epilepsy? Yes _____ No _____

Does s/he have any allergies? Yes _____ No _____

If you ticked yes to any of the above, please contact the school after enrolment to discuss possible care needs.

6. Learning

What is your child's first language? English _____ Irish _____ Other, please specify _____

Does your child have any speech and language problems? Yes _____ No _____

Does your child receive learning support for: **English:** Yes _____ No _____ **Maths:** Yes _____ No _____

Does your child receive resource hours at present? Yes _____ No _____

Does your child have an exemption from Irish? Yes _____ No _____

If yes, please give reason why _____

Has your child been granted access to an SNA under the NCSE scheme? Yes _____ No _____

Does your child attend Counselling or Therapy? Yes _____ No _____

If yes, please specify briefly _____

Has your child been referred to any other agency? (CAMHs Speech & Language Therapy, etc.)

Please specify which service _____

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

6. Private and Confidential

To fully support your child, it is vital that the school be informed of any relevant situation, now or in the future, regarding health, bereavement, domestic circumstances that may affect the child's social, emotional or educational development. Please detail any information here. Alternatively, you may contact the Principal or your child's teacher directly. Any such information is treated confidentially.

Does any legal order under family law exist that the school should know about? Yes _____ No _____

If yes, please give details _____

7. Data Protection

All information sought from parents is necessary for the work of the school and is retained and used in accordance with Data Protection legislation. The school uses "Aladdin" to record daily attendance, communicate with parents and store information.

Visits, contact and engagement with Home-School liaison teachers are recorded and used to enhance the child's educational potential.

From time to time, the school is asked to provide information to the HSE to facilitate their work such as immunisations, sight tests, hearing tests, dental appointments etc.

Schools are asked annually to share data on Religion and Ethnic background, does the school have permission to share this information with the Department of Education & Skills? Yes _____ No _____

A copy of a child's data is available to parents or guardians on request.

Please sign below to signal that you have read this section and consent to these procedures.

Signed: _____ Date: _____

Signed: _____ Date: _____

8. General Consent

Please tick **yes** or **no** to the following:

1	I give consent to have my child taken to hospital by an ambulance or a member of staff in the event of an emergency, if the school we are unable to contact a parent or guardian.	Yes	No
2	I consent that my child may receive any necessary medical care from a doctor, ambulance crew, hospital, etc., in the event of an accident or illness occurring, where the school is unable to contact parents/guardians.	Yes	No
3	I consent to my child's clothes being changed by school staff if they become soiled or wet (Junior/ Senior Infants / First class only)	Yes	No
4	I consent to my child going on supervised school outings, local walks, sports events, educational trips or activities etc.	Yes	No
5	I consent to my child partaking in the Social, Personal and Health Education programme, lessons delivered in the school. This includes Walk Talk, Relationships and Sexuality Education programme and Stay Safe programme	Yes	No
6	I consent to my child participating in diagnostic/educational screening tests if required	Yes	No
7	I consent to my child having face paint applied during shows/celebrations	Yes	No
8	I consent to my child taking part in After School Activities.	Yes	No
9	I consent to my child taking part in Swimming Lessons with his/her class as per curriculum	Yes	No
10	I consent to my child having their photo taken for school related projects, displays, newsletter, competitions or the School Website. (This list is not exhaustive).	Yes	No
11	I consent to my child having their photograph taken for Local/National Newspapers, Magazines etc., as part of school events. (This list is not exhaustive)	Yes	No
12	I am aware that relevant policies are available on the school's website. I have read the Admissions & Participation Policy, Anti-Bullying Policy, Uniform & Lunch Policy, Acceptable Use Policy and Child Protection Policy. I have discussed those with my child and agree to abide by these Policies.	Yes	No
13	I have read and accept the school's Code Of Behaviour available on our website. I have discussed this with my child and agree to abide by the policy.	Yes	No

Note: Parents/Guardians may withdraw permission for any of the above by writing to the Principal.

Signature of Parent/Guardian_____ Date: _____

Signature of Parent/Guardian_____ Date: _____

Completion of the application form does not automatically entitle a child to a place in the school. The school's enrolment policy will be followed when allocating places to pupils.