



St. Joseph's National School.  
Dromore, Bantry, Co. Cork.  
Tel: 028 - 31541.  
[Dromorens@gmail.com](mailto:Dromorens@gmail.com)  
[www.dromorens.ie](http://www.dromorens.ie)

## School Enrolment Form –St Joseph's N.S., Dromore.

### Data Privacy Statement

The Department of Education & Skills require your child's personal data to facilitate successful enrolment at St Joseph's N.S. The personal data provided is shared between the school and the Department through the use of the Primary Online Database. Full details of the Department's data protection policy is available at: <https://www.education.ie/en/The-Department/Data-Protection/>.

The HSE (Health Service Executive) require your child's personal data to facilitate screening tests/immunisation schedules. Full details of the HSE's data protection policy is available at: <https://www.hse.ie/eng/gdpr/hse-data-protection-policy/>

Details of the St Joseph's N.S Data Protection Policy is available to view upon request in the school office.

Name of Child (in full, as on Birth Certificate) \_\_\_\_\_

Address at which child resides: \_\_\_\_\_

Eircode \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Male !                      Female !

Personal Public Service Number (PPSN) \_\_\_\_\_

POD identification number (Office admin) \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

If not born in Ireland, date on which child arrived in Ireland: \_\_\_\_\_

Mother's Nationality: \_\_\_\_\_ Father's Nationality: \_\_\_\_\_

**\*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: \_\_\_\_\_ Present employment: \_\_\_\_\_

Home landline No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Work telephone No: \_\_\_\_\_

Mother's email address:

\_\_\_\_\_

Father's Name: \_\_\_\_\_ Present employment: \_\_\_\_\_

Home landline No (if different): \_\_\_\_\_ Mobile No: \_\_\_\_\_

Work telephone No: \_\_\_\_\_

Father's email address:

\_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Present employment: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Guardian's email address:

\_\_\_\_\_

Is the child living with both parents? Yes ! No !

Position of child in family (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc) \_\_\_\_\_ Number of children in the family: \_\_\_\_\_

Name of brother(s)/sister(s) in this school: \_\_\_\_\_

Class: \_\_\_\_\_

Religious denomination: \_\_\_\_\_

If your child was baptised please state where it took place: \_\_\_\_\_

Date of baptism (if known): \_\_\_\_\_

Did you child attend preschool: \_\_\_\_\_ For how long: \_\_\_\_\_

Where? \_\_\_\_\_

I, We the parents of \_\_\_\_\_ give consent to the Principal of St Joseph's N.S., Dromore. to access all records and reports pertaining to my child(ren) from the Principal of his/her previous school(s).

Is your child toilet trained? \_\_\_\_\_

Any medical condition, which the school should be aware of?

\_\_\_\_\_

Does your child have any allergies which are life threatening?

e.g. nuts/bee stings etc

Yes ! No !

Does your child use an inhaler in school?      Yes !    No !

(If yes, please inform class teacher of this)

Has or is your child attending any of the following:-

Speech & Language Therapist      Yes !    No !

Occupational Therapist              Yes !    No !

Physiotherapist                        Yes !    No !

Have you had an Educational Assessment on your child? Yes !    No !

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.**

**Person who usually collects child(ren)**

_____	Phone_____
_____	___Phone_____
_____	Phone_____
_____	___Phone_____

**If my child gets sick, or the school has to close unexpectedly, etc** and there is no one at home/the school is unable to contact me, 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 the school will contact:**

1. _____	2. _____
_____	_____
_____	_____
Tel/mobile:_____	Tel/mobile:_____

**Family Doctor (Only if you wish)**

Doctor's Name \_\_\_\_\_ Telephone No: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## CONSENT FORMS

### Data Protection

From time to time the school is asked to provide information to the H.S.E. to facilitate their work for immunisations, sight and hearing tests and dental appointments, to secondary schools when children are transferring to second level and to sporting bodies when children are taking part in games outside the school.

Do you allow the school to pass on this information to these three bodies?

**YES**                      **NO**

**Parent(s) Signature:** \_\_\_\_\_

### Stay Safe/R.S.E Programme

The school teaches 'Stay Safe' lessons on personal safety & protection and RSE (Relationships & Sexual Education) lessons on developing and changing. I understand that participation in the Stay Safe Programme is compulsory and accept my child's participation in the programme.

**YES**                      **NO**                      **!**

**Parent(s) Signature:** \_\_\_\_\_

### Permission for Outings

Pupils may partake in tours and various other excursions involving travel outside the School grounds during the School Year, as organised by school authorities.

**Do you give permission for your Child to take part in tours/excursions outside the school grounds?**

**YES**                      **NO**

**Parent(s) Signature:** \_\_\_\_\_

### DIAGNOSTIC/EDUCATIONAL TESTS

During your child's time in Dromore National School he/she will undergo standardised educational tests to monitor progress. On occasion it may be necessary for some pupils to undergo further diagnostic educational/behavioural assessments.

**Do you give permission for your Child to engage in diagnostic testing if deemed necessary by the school authorities?**

**YES**                      **NO**

Parent(s) Signature: \_\_\_\_\_

**Special Education**

I give permission to allow my child to attend the Special Education teacher if deemed necessary.

Parent(s) Signature: \_\_\_\_\_

**Consent for additional support**

From time to time pupils require additional support in literacy and or numeracy, which would continue for as long as necessary.

**Do you give permission for your Child to engage in Additional Support if deemed necessary by the school authorities?**

YES

NO

Parent(s) Signature: \_\_\_\_\_

**Accident and/or Emergency Consent Form**

I/we \_\_\_\_\_ (PARENT(S)) OF \_\_\_\_\_  
(child's name) give permission to the staff of St Joseph's N.S. Dromore to act on my behalf in case of serious illness, emergency or accident and to take such action as might be necessary for the benefit of my child.

**Do you give permission to take the child straight to hospital?**

YES

NO

Parent(s) Signature: \_\_\_\_\_

I am aware that the St Joseph's N.S. Dromore has policies outlined in the list below and they are available for viewing in a designated area at school.

- ✓ ~~\*\*\*\*\*~~ Anti bullying Policy
- ✓ ~~\*\*\*\*\*~~ Child protection Policy
- ✓ ~~\*\*\*\*\*~~ Critical incident Policy
- ✓ ~~\*\*\*\*\*~~ School attendance Policy
- ✓ ~~\*\*\*\*\*~~ Enrolment Policy
- ✓ ~~\*\*\*\*\*~~ Health & Safety Policy
- ✓ ~~\*\*\*\*\*~~ Special needs Policy
- ✓ ~~\*\*\*\*\*~~ Relationships & sexuality Policy
- ✓ ~~\*\*\*\*\*~~ Substance abuse Policy
- ✓ ~~\*\*\*\*\*~~ Assessment & reporting Policy
- ✓ ~~\*\*\*\*\*~~ Administration of medication Policy
- ✓ ~~\*\*\*\*\*~~ Acceptable Usage Policy
- ✓ ~~\*\*\*\*\*~~ Remote learning Policy
- ✓ ~~\*\*\*\*\*~~ Data protection policy
- ✓ ~~\*\*\*\*\*~~ Homework Policy
- ✓ ~~\*\*\*\*\*~~ Class allocation Policy

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.**

\*\*\*\*\*

✓ ~~\*\*\*\*\*~~ **Please ensure that you have included a Birth Certificate and Baptismal Certificate (if your child was baptised) with this form. These documents will be photocopied and returned to you.**

✓ ~~Q10000~~ Under the Education Welfare Act, the school is required to inform the Education Welfare Officer where a child has an absence of 20+ days.

**Primary Online Database Data Collection – Please fill and sign consent below:**

The following information will be stored on the Primary Online Database as requested by the Department of Education and Skills. Parental Consent must be obtained.

**To which ethnic background does your child belong?**

- ! White Irish ! Irish Traveller ! Roma ! Black African ! Chinese
- ! Any other white background ! Any other black background
- ! Any other Asian background ! Other
- ! No Consent

**What is your child's religion:**

- ! Roman Catholic ! Church of Ireland (including Protestant) ! Presbyterian
- ! Methodist ! Jewish ! Muslim/Islamic
- ! Pentecostal ! Hindu ! Buddhist
- ! Jehovah's Witness ! Lutheran ! Athiest
- ! Baptist ! Agnostic ! Other Religion
- ! No Consent

**Nationality:** \_\_\_\_\_

**Is one of the pupil's mother tongues (language spoken at home)**

Irish / English Yes ! No !

I consent for POD specific 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.

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**! Signature of Parent(s)/Guardian**

*For further information on POD please go to the Department of Education and Skills' website. [www.education.ie](http://www.education.ie)*

**FOR OFFICE USE ONLY**

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Birth Certificate received: Yes ! No !

Baptismal Certificate received: Yes ! No ! Not applicable !



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

**Previous School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**What class was your child in when he/she left the school?** \_\_\_\_\_

**Reason for Transfer:** \_\_\_\_\_

**Have you enclosed a copy of the most recent school report and attendance record?**

Yes! No!

**N.B. All forms: must be completed in full and returned to the school before a new pupil will be enrolled in the school.**

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

Give details of any health conditions (e.g. asthma, eyesight, hearing, allergies, etc.) or emotional problems which may affect your child at school

\_\_\_\_\_

Has your child any physical or mental disabilities? If so are there any specific equipment/resources that the school will require for your child?

\_\_\_\_\_

\_\_\_\_\_