**Junior Infant enrolment form 2023/2024**

 **** St. Patrick’s N.S., Clara,

Killybrone, Emyvale, Co. Monaghan.

Roll Number: 19362P

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The Department of Education and Skills has developed an electronic database of primary school pupils called the Primary Online Database (POD) which involves schools maintaining and returning data on pupils to the Department at individual pupil level on a live system. 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 will hold data on all primary school pupils. The database will also contain, **on an optional basis**, information on the pupil's religion and on their ethnic or cultural background. The data required for POD is marked with an asterisk \*. All other data is needed for the efficient running of the school.

In order to assist with the gathering of data please complete the form in CAPITAL LETTERS and return to the school. This form will be retained by the school.

***Please supply a copy of the child’s Birth Certificate with returned Enrolment Form.***

***Completed enrolment forms can be emailed to secretary@stpatricksclara.com***

* **Pupil First Name**: \* **Pupil Surname**:
* **Birth Cert. First Name:** (if different from above)
* **Birth Cert. Surname:** (if different from above)
* **Pupil Address**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Nationality:

* **Date of Birth**:
* **PPSN**:
* **Gender:** Male [ ] Female [ ]
* **Mother’s Maiden Surname:**
* Is one of the pupil’s mother tongues (i.e. language spoken at home) Irish or English Yes [ ] No [ ]
* **Religion:**

Do you consent to uploading data relating to Religion to POD? Yes [ ] No [ ]

* **To which ethnic or cultural background group does your child belong (please tick one)?**

**(Categories based on the Census of Population)**

|  |  |
| --- | --- |
| **White Irish [ ]****Irish Traveller [ ]** **Roma [ ]** **Any other White Background [ ]** **Black or Black Irish – African [ ]**  | **Black or Black Irish – Any other Black Background [ ]** **Asian or Asian Irish – Chinese [ ]** **Asian or Asian Irish – Any other Asian Background [ ]** **Other (inc. mixed background) [ ]** **No consent [ ]**  |

Do you consent to uploading data relating to ethnicity to POD? Yes [ ] No [ ]

The following information is required for the efficient running of the school and will not be uploaded to POD

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Mother’s Name:

Father`s Home/Mobile No/Work:

Father’s email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother`s Home/Mobile No/Work:

Mother’s email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency (accident, sickness etc.) occurring during school hours, and we are unable to contact you, please give 2 other contact names and phone nos.

Name Phone Number Relationship

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions / Allergies the School Should Be Aware of:

**Name of Doctor:** **Phone:**

Did Child Attend Pre-School/Play School? Yes No Please give details below

Are there any problems, concerns or developmental delays the school should be aware of:

Has your child ever had a psychological assessment / assessment of need?

Has your child ever had a speech and language assessment?

***(Please supply the school with copies of any reports that have been carried out on your child)***

Please make the school aware as early as possible of any family situation such as bereavement, or separation that could impact on your child, so that we can be as supportive as possible.

**Consents**

# Please answer YES or NO to the following (please circle as appropriate):

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | During the course of the school year, all classes undertake a variety of different activities outside the school premises. These include, for example, ***Football & Basketball matches, Swimming, Athletics, School Tours, History / Educational tours and any other activities that arise***.. We give permission for our child to partake in field trips, swimming/outings and tours that may arise: | YES | NO |
| 2 | We give our consent to the staff of St. Patrick’s NS, Clara, to obtain professional medical aid for our child in the case of a medical emergency or serious injury: | YES | NO |
| 3 | There are many forms to be filled during the school year where the name of your child(ren) and/or date of birth/address/phone number is requested e.g.: ***School Dentist, School Nurse, Handwriting Competition, Football and Basketball Competitions.***In order to comply with Data Protection, we require your permission to pass on this information to the relevant body: | YES | NO |
| 4 | We give permission for our child’s photograph/video’s to be published on the school website www.stpatricksnsclara.com, and on the school’s social media pages: | YES | NO |
| 5 | We give permission for our child’s photograph to be taken by outside agencies for school brochures, local/national newspapers, computer presentations to a wider audience and for general educational purposes, e.g. class photos in corridors, wall displays: | YES | NO |
| 6 | We give permission for our child to partake in small group lessons and understand that these lessons will at times take place in the Special Education Teacher’s room should that be viewed as in the best interests of the child:  | YES | NO |
| 7 | We acknowledge that we have read and accepted the Code of Behaviour of St. Patrick’s N.S., Clara.: | YES | NO |
| 8 | We will support & co-operate with the staff of the school: | YES | NO |

You can access our **Code of Behaviour** on the school website www.stpatricksnsclara.com (see School-Policies) or at the school reception. Please read it carefully as all pupils are subject to this policy.

I/We have read and understand the Code of Behaviour*.* I/We accept the School Rules and agree to work in co-operation with the staff to ensure my/our child understands and keeps them.

**Signature 1**: (Parent/Guardian) **Date:**

**Signature 2:** (Parent/Guardian) **Date:**