



St. Patrick's National School, Calry, Sligo

Tel. (071) 9144288

Email – stpatrickssncalry@gmail.com

Roll number 19942k

Principal – David Gallagher

Enrolment Form

Name of Child _____ D.O.B. _____

Home address _____

PPS number _____ Religion _____

Nationality: _____ Mothers Maiden Name: _____

	Mother	Father
Name		
Address		
Eircode		
Occupation		
Home Phone Number		
Work Phone Number		
Mobile Phone Number		
e-mail		

If any of your contact Details change please inform the school

Mobile Number to be used for school webtext system: _____

Other children in family and ages _____

Playschool attended _____

Previous school/class _____

(If transferring from another school)



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Intended school class _____

Birth Certificate - Copy attached:

Yes: **No:**

Contact Name/s & Tel. No's. In the case of an emergency & parents cannot be contacted:

1. Name: _____ Tel. No: _____

2. Name: _____ Tel. No: _____

Do you consent to uploading data relating to ethnicity to POD (*see note *)

Yes **No**

The Department of Education and Skills is developing an electronic database of primary school pupils called the Primary Online Database (POD) which will involve schools maintaining and returning data on pupils to the Department at individual pupil level on a live system. The database will allow the Department 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.

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

Yes **No**

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

White Irish Irish Traveller Roma Any other White Background Black African Any other Black Background Chinese Any other Asian Background Other (inc. Mixed Background)



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I / We consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education & Skills and to other primary schools my child may transfer to during the course of their time in primary school.

Signed: _____ *Date:* _____

Additional Supports:

In order for the school to put in place the best resources for your child's education from the start of the school year, we require the following information. This information will be treated with the utmost confidentiality.

Has your child ever had an assessment with:

- (a) A psychologist Yes: No:
- (b) A Speech and Language Therapist Yes: No:
- (c) An Occupational Therapist Yes: No:
- (d) Other – Please specify below Yes: No:

If you have ticked yes to any of the above, please ensure you speak to the principal and attach or forward any records/reports from previous school.

Medical History:

Does your child have a diagnosed medical condition? (Please include allergy information in this section if applicable)

Yes: No:

If yes, please specify:

Name of medical condition:

Name of family doctor: _____ Doctor's contact details: _____

Does your child require medication for this medical condition? Yes: No:

If yes please specify medication taken:



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Consent

- a) Assessment Tests are carried out in the school on all children from Infants to 6th Class. From time to time other assessments may be carried out as part of our commitment to school improvement.
I give permission for any necessary assessment tests to be carried out with my child.

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

- c) I give permission to allow my child to attend a Special Education Teacher/EAL if deemed necessary and/or to engage in focused extension work in groups.

- d) I consent to my child going on and participating in general school outings, events and tours.

- e) 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, Presbytery, Secondary Schools, sporting events and school related activities etc.

- f) I agree to co-operate with the school Board of Management regarding all school policies (available from our school office).

- g) I consent for the class teacher to set up a 'Seesaw' account for my child.

- h) Pupil Care Needs - I give permission for my child to be changed by a teacher or SNA should the need arise

Signed: _____ *Date:* _____



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St. Patrick's Primary School

Photo/Image Consent Form

Please tick **one** of the following boxes:

I/We GRANT permission for a photo/image that includes this pupil in a group setting without his/ her name attached to be published on our school Facebook page.

I/We DO NOT GRANT permission for a photo/image that includes this pupil in a group setting without his/her name attached to be published on our school Facebook page.

Pupil's Name: (please print) _____

Pupil's class: _____

Print name of Parent/Guardian: (print)

Signature of Parent/Guardian: (sign)

Date: _____



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St. Patrick's Primary School

Emergency Closure

In the event of an emergency occurring, while the school is in operation, it may become necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils.

Emergency Closure Form - to be retained by class teacher

Pupil's Name: _____

Please complete the following

I agree to my child being collected by a designated adult.

Name of designated adult: _____ Tel. No: _____

Signed: _____
Parent/Guardian