



Application for Enrolment

GDPR and Data Protection- Privacy Statement

The General Data Protection Regulation (the GDPR) came into effect on the 25th May 2018. The GDPR applies across the European Union and aims to give individuals more rights, control and understanding of how their personal data is processed. Under GDPR the Department of Education and Skills are required to keep you informed of the types of data it holds on you and your child, the purpose it is used for, and your rights in relation to how it is processed.

The Department of Education and Skills, which provides for the education and training of people resident in the State, requires certain personal data on all learners in order to fulfil its function. For primary school pupils, this data is held on the Primary Online Database (POD). The data held on POD forms the basis of the allocation of resources to schools as well as statistical reporting on education; it is also used for research and analysis into the operation of the education system and the formation of future policies. Data is shared with the Department of Employment Affairs and Social Protection for validation purposes, and with the Central Statistics Office under Section 31 of the Statistical Act for statistical reporting and analysis.

The complete Privacy Notice, which outlines further information in relation to the data held by the Department, can be found on the Department's website at the link below, as can full details of the Department's data protection policy setting out how the Department will use your child's data, as well as information regarding your child's rights as a data subject. <https://www.education.ie/en/The-Department/Data-Protection/>.

If you have any further queries in relation to POD or the data held therein, the POD Helpdesk can be reached at 01 8892311 or pod@education.gov.ie

Please complete this form in CAPITAL LETTERS and return to the school. This form will be retained by the school.

Child & Family Details

* Child's Name _____	*Date of Birth _____
*Child's Surname _____	*Child's P.P.S.N. _____
*Child's Name on Birth Cert _____ (if different from above)	*Mother's Maiden Name _____
*Child's Surname on birth Cert _____ (if different from above)	*Nationality _____
*Child's Address _____	*Language spoken at home _____
* Child's Religion _____	*Gender: Male [] Female []
	Place of Baptism (if applicable) _____

N.B. If you wish your child to receive the sacraments of Communion and Confirmation please provide a copy of your child's Baptismal Certificate if baptised outside of Carraig na bhFear.

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

- | | |
|------------------------------------|---|
| White Irish [] | Black or Black Irish - any other Black background [] |
| Irish Traveller [] | Asian or Asian Irish – Chinese [] |
| Roma [] | Asian or Asian Irish – Any other Asian background [] |
| Any other White background [] | Other (including mixed background) [] |
| Black or Black Irish - African [] | |

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

The following information is required for the efficient running of the school and will **not** be uploaded to POD. All information is provided in strict confidence and will not be shared without your permission.

Mother's Name & Surname _____ **Father's Name & Surname** _____

Address (if different from child's address)

Address (if different from child's address)

Landline No. _____

Landline No. _____

Mobile No. _____

Mobile No. _____

Occupation _____

Occupation _____

Work No. _____

Work No. _____

Email _____

Email _____

Nationality _____

Nationality _____

Child lives with (tick): Both Parents [] Mother [] Father [] Other [] *Please inform the Principal, in strictest confidence, of any particular family circumstances or arrangements applying to your child.*

Child's Legal Guardian/s(tick): Both Parents [] Mother [] Father [] Other []

No. of children in the family: _____

Child's placing in the family (e.g. 1st, 2nd, 3rd) _____

Does child have older brothers/sisters in the school? **Yes** [] **No** [] If yes give details:

Name: _____ Class: _____

Name: _____ Class: _____

Name: _____ Class: _____

Name: _____ Class: _____

Childminder's Name _____

Tel. No. _____

Travel Arrangements for Child:

Travel by Car []

Dropped off by Parent []

Dropped off by Childminder []

Travel by Bus []

Please note: Application to travel by bus must be made directly to www.buseireann.ie.

TextaParent:

TextaParent is used to communicate with parents quickly and easily by sending instant text messages. Please nominate one mobile number for this service: _____

Emergency Contacts:

Should we be unable to contact you, please provide contact details of two people who may be contacted in the event of an emergency.

Name _____ Relationship to Child _____ Tel _____

Name _____ Relationship to Child _____ Tel _____

Doctor's Name _____ Tel _____

In the event that we are unable to contact you or your emergency contact nominees, do we have permission to seek professional medical advice (G.P. or Hospital)? **Yes** [] **No** []

Education & Learning:

Name of Pre-School _____ No. of Years _____ Tel _____

I give permission to the Principal to discuss my child's progress with the pre-school listed above **Yes [] No []**

Has your child been assessed by a Speech and Language Therapist? **Yes [] No []**

If yes please enclose a copy of the assessment report.

Has your child attended speech and language therapy sessions? **Yes [] No []**

Has your child been assessed by an Occupational Therapist? **Yes [] No []**

If yes please enclose a copy of the assessment report.

Has your child attended occupational therapy sessions? **Yes [] No []**

Has your child been assessed by an Educational or Clinical Psychologist? **Yes [] No []**

If yes please enclose a copy of the assessment report.

Has your child been seen by the Early Intervention Service? **Yes [] No []**

If yes please enclose a copy of the assessment report.

Health:

Does your child have any chronic Medical Condition? **Yes [] No []**

(e.g. Asthma, Anaphylaxis i.e severe allergy, Epilepsy, Diabetes)

If yes, give details _____

Medication _____

If your child requires prescribed medication in school please complete an Administration of Medication Form (available from the office) and return it with this form.

Give details of any other condition/illness/special needs which you feel could affect your child during the school day and should be brought to the attention of the class teacher: _____

Declaration:

We declare that the information provided by us on this form is correct. We understand that all information provided is treated confidentially.

Signature of Parent/Guardian 1: _____ **Date:** _____

Signature of Parent/Guardian 2: _____ **Date:** _____

Pease ensure you have enclosed:

1. Copy of Birth Certificate **Yes [] No []**
2. Copy of Baptismal Certificate if baptised outside of Carraig na bhFear (if you wish your child to receive the sacraments of Communion and Confirmation) **Yes [] No []**
3. Copy of Speech & Language Report/Occupational Therapy Report/ Psychologist Report (if applicable) **Yes [] No []**

Parental/Guardian Consents

1. During the school day children may go on educational trips / sports events under teacher supervision, e.g. local park, historical buildings etc. Do you give permission for your child to go on these trips? **Yes [] No []**

2. Standardised testing is done with all pupils from Infants to 6th class. Your child may also participate in individualised Diagnostic testing to better assist their educational achievement. Please indicate if you give permission for your child to partake in these tests. **Yes [] No []**

3. On occasion children are photographed/videoed during school activities, these are on display in the School Hall and in the Classrooms. Also, during the school year children may get the opportunity to visit educational exhibitions / venues where official photographers take photographs for news papers. Please indicate if you give permission for your child's picture to be published. **Yes [] No []**

4. During the school year photographers may visit our school or children may get the opportunity to visit educational exhibitions / venues where official photographers take photographs for news papers. Please indicate if you give permission for your child's picture to be published. **Yes [] No []**

5. Please indicate if you give permission for your child's picture to be published anonymously on our school website. **Yes [] No []**

PLEASE NOTE: The Board of Management cannot be held responsible for pictures/ videos taken by parents at school events.

6. The HSE, for immunisation purposes and the provision of appointments for dental examination/treatment, may require a child's date of birth and contact details to arrange appointments. Please indicate if you give permission for your child's details to be given to the HSE. **Yes [] No []**

7. Secondary schools, when children are transferring to second level, and sporting bodies, when children are taking part in games outside school, request details regarding contact information and date of birth. Please indicate if you give permission for your child's details to be given to these bodies. **Yes [] No []**

8. The school teaches Relationships and Sexuality Education (RSE) using the guidelines provided by the Department of Education and Skills. Do you give permission for your child to participate in this programme? **Yes [] No []**

9. The Stay Safe Programme is part of our School curriculum, Do you give permission for your child to participate in this programme? **Yes [] No []**

The Code of Behavior and Substance Use Policy are attached. By signing this enrolment form you are indicating that you have read both policies carefully and that you will accept them and agree to be bound by them, and that you will encourage your child/children to observe and obey these policies at all times.

Signature of Parent/Guardian 1: _____

Date: _____

Signature of Parent/Guardian 2: _____

Date: _____

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

Previous School _____

Address _____

Tel _____

Principal _____

Your child's Current Class _____

Teacher _____

Please enclose a copy of your child's most recent school report.

Is your child receiving additional Learning Support from SET Yes [] No []

If yes please tick areas support is provided in Literacy [] Numeracy [] Other []

Please include copies of Psychological/OT/Speech & Language reports if applicable

Please note: The Principal, on behalf of the Board of Management, will contact the Principal of the school from which the child is transferring to discuss the pupil's behaviour and academic progress. All information will be treated in the strictest of confidence.

Pease ensure you have enclosed:

4. Copy of Birth Certificate Yes [] No []

5. Copy of Baptismal Certificate if baptised outside of Carraig na bhFear (if you wish your child to receive the sacraments of Communion and Confirmation) Yes [] No []

6. Copy of your child's most recent school report Yes [] No []

7. Copy of Speech & Language Report/Occupational Therapy Report/ Psychologist Report (if applicable) Yes [] No []

Signature of Parent/Guardian 1: _____

Date: _____

Signature of Parent/Guardian 2: _____

Date: _____