

Student Enrolment Form

Note: The information provided on this form is confidential and will be retained, used and disclosed by Cabra Central School in line with our GDPR Regulations. Our Data Protection Policy is available upon request from the principal.

As per the Department of Education and Skills Ruling you must supply a copy of your child's Birth Certificate.

Child's Name	
Date of Birth	
Address	
Eircode	
PPS Number (Required for vision, hearing and dental tests as they progress through school)	
Nationality	
Religion	
Montessori/ Playschool	

Parents'/ Guardians' Details

Mother's Name		Father's Name	
Address		Address	
Home Number		Home Number	
Mobile Number		Mobile Number	
Email Address		Email Address	
Occupation		Occupation	

If there are any orders or other arrangements in place governing access to, or custody of the child, please provide details and include supporting evidence.

Emergency Contact Numbers

Name		Name	
Address		Address	
Home Number		Home Number	
Mobile Number		Mobile Number	

Designated Mobile Number for Text- A- Parent: _____

	Circle	Please Provide Details
Does your child have any difficulties with vision?	Y/N	
Does your child have any difficulties with hearing?	Y/N	
Have you any concerns regarding your child's behaviour?	Y/N	
Have you any concerns regarding your child's social skills?	Y/N	
Has your child attend the Early Intervention Services?	Y/N	
Has your child ever had a psychological assessment?	Y/N	
Does your child have any medical conditions or allergies?	Y/N	
Does your child require an inhaler or an epipen?	Y/N	

International Profile

Country of origin and year of arrival in Ireland	
Language spoken at home	
Did your child attend school in country of origin?	
Does your child read and write in own language?	
How well does your child understand English?	

Information for Department of Education and Skills Primary Online Database

The Department of Education and Skills have developed an electronic database of primary school pupils called the Primary Online Database (P.O.D). This 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. Both religion and ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil's parent/ guardian to identify their child's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. All other information held on POD was deemed by the Data Protection Commissioner as non- sensitive personal data.

In order to assist with the gathering of data please complete the following:

Child's full name			
Birth Cert name if different			
Nationality of child			
Mother's maiden name			
Is one of your child's mother tongues (i.e language spoken at home) Irish or English? Please circle yes or no.	Yes	No	
To which ethnic or cultural background 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)		
No consent to share			
What is your child's Religion: (please tick)			
Presbyterian		Church of Ireland (incl. Protestant)	
Jewish		Methodist, Wesleyan	
Buddhist		Muslim (Islamic)	
Hindu		Orthodox(Greek, Coptic, Russian)	
Lutheran		Apostolic or Pentecostal	
Atheist		Jehovah's Witness	
Other Religion		No Religion	
Roman Catholic		Agnostic	
No consent to share this information		Baptist	

I consent for this 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.

Signed: _____ Parent/ Guardian Date: _____

Signed: _____ Parent/ Guardian Date: _____

Consent to School Rules

In registering my/our child as a student in Cabra Central National School I/ we understand that this implies a full acceptance of the school rules as outlined in the School Code of Behaviour. As a partner in the education of my child I/ we recognise the need for me/ us to do my/our utmost to support the work of the school. I/we have read and agree to abide by the terms and conditions laid out in the School Booklet.

Signed: _____ (Parent/ Guardian) Date: _____

Signed: _____ (Parent/ Guardian) Date: _____

Payment Contract

I/we understand that there will be certain costs relating to my/our child's education in Cabra Central National School. This includes, but is not limited to book rental, swimming, tennis and school trips. I /we agree to pay the costs within the specified times.

Signed: _____ (Parent/ Guardian) Date: _____

Signed: _____ (Parent/ Guardian) Date: _____

Education Screening Tests

Should my child require educational screening testing during his/ her time in Cabra Central National School I give my permission for these tests to be carried out.

Signed: _____ (Parent/ Guardian) Date: _____

Signed: _____ (Parent/ Guardian) Date: _____

Consent Form

Please read the following list of consent statements carefully and tick the relevant box.

If you have any concerns regarding any of the items below please contact the principal.

As always, you will be notified separately of 'once off' occasions such as school tours.

I/We hereby agree to the following statements	Yes	No
I/We have received and read a copy of the Code of Behaviour policy. We will co-operate fully with the school in supporting this and all other policies.		
I/We will co-operate with the staff and support the ethos of the school.		
I/We give permission for my child to leave the school grounds to participate in any <u>local</u> educational/sporting trips which may take place during the school year. These local trips may include visits to the library, park, church, local schools etc.		
I/We give permission to take our child straight to hospital in the case of an emergency, if I/we cannot be contacted.		
I/We give permission for school staff to look after my/our child in school in the event of a minor accident.		
I/We have read the Acceptable Use Policy for internet access and grant permission for my child to access the Internet. I understand that internet access will be used for educational purposes. I also understand that the school cannot be held responsible if the pupil gains access to any unsuitable websites, but that every reasonable precaution has been taken by the school to provide for online safety.		
My/Our child may have his picture taken or may be videoed while engaging in any educational, sporting or school related activity.		
I/We give permission for my child's picture or schoolwork to be published on the school website, the school Facebook page, or in a media publication. (No individual personal details will ever be given alongside the pupil's pictures.)		
I/We consent to the school administering diagnostic screening to analyse my child's educational progress if necessary. (Tests may include the BIAP, NNRIT, NVRT, Dyslexia Profile, WRAT, BPVS etc. The school will always contact you should any concerns arise following these tests.)		
I/We am aware that the school has CCTV in operation for security purposes.		
I/We wish for our child to attend religious assemblies once a week during the year. These assemblies are led by ministers from our local churches. Please be advised that we cannot supervise pupils that do not wish to attend assemblies for staffing reasons.		

I/We wish for our child to be included in the teaching of all areas of the Relationship and Sexuality element of the Social Personal and Health Education curriculum. Full details of this will be circulated to parents each year prior to the sensitive areas being taught.		
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I/ We have read and understood the above consents.

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

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

In the event of only one signature:

_____’s other parent/guardian is fully aware of and in agreement with this enrolment application and is in agreement with the consents, terms and conditions as outlined.

Signature _____ **Date** _____