**St Ita’s National School**

**Enrolment Pack**

**School Enrolment Pack 2022-2023**

**Please complete the forms on pages 2-4 and return to:** [st.itasecretary1930@gmail.com](mailto:st.itasecretary1930@gmail.com)

Enrolment Information Form page 2

Personal Data Consent Form page 3

Medical Consent Form page 4

School and Educational Consent Form Page 4

**Additional Information & Policies:**

**Available at:** [**www.stitasloughrea.com**](http://www.stitasloughrea.com) **or by request from the school.**

1. St Ita’s Mission Statement
2. St Ita’s Code of Behaviour
3. School Admission Policy for St. Ita’s
4. Child Safeguarding statement

Enrolment Information Form for admission of a new pupil: YEAR 2022 – 2023

SURNAME OF CHILD: Click here to enter surname FIRST NAME: Click here to enter first name.

ADDRESS (including Eir Code): Click here to enter address

E MAIL ADDRESS: Click here to enter e-mail address

DATE OF BIRTH: DD/MM/YYYY NATIONALITY: Click here to enter nationality

P.P.S. NO.: Click here to enter PPS No MALE:  FEMALE:

HOME TELEPHONE: Click here to enter home no. MOBILE NO: Click here to enter mobile no.

RELIGION: Click here to enter religion HAVE YOU ATTACHED BIRTH CERT:

FATHER’S NAME: Click here to enter TEL NO. Click or tap here to no.

MOTHER’S NAME: Click or tap here to enter TEL NO. Click or tap here to enter text.

PREVIOUS SCHOOL/PLAYSCHOOL (if any): Click or tap here to enter text.

CLASS: Please enter if transferring from another school REPORT INCLUDED: YES  NO

NAME OF FAMILY DOCTOR: Click here to enter TEL NO. Click here to enter

In case of Emergency Closing of school i.e. school has to close early because of lack of heating/electricity, etc. What arrangements have you made for your child?

Click here to enter

In case of your child being sick or having an accident during school time, please indicate who the school should contact and where. (Please include Tel. No. if possible):

Click here to enter

DOES ANY LEGAL ORDER UNDER FAMILY LAW EXIST THAT THE SCHOOL SHOULD KNOW ABOUT?

Click here to enter

ANY OTHER USEFUL INFORMATION

For instance, list any problems the child may have in relation to health, (allergies, epilepsy, asthma, sight, hearing, speech, fainting, etc.) toilet training, inability to cope with buttons/laces, etc. The school should be made aware of any Court Order which affects the child’s welfare and also the name of any person into whose custody the child should not be given.

Click here to enter

We have read a copy of the “Code of Behaviour”. We will co-operate with the Staff and support the ethos of the school.

Signed: Click here to enter (Parent/Guardian) Date: Click down arrow to select date



**PERSONAL DATA CONSENT FORM**

Dear Parent(s)/Guardian(s),

Senior Infant Boys:

Each year St. Brendan’s Boys’ N.S. request the personal data of each boy in Senior Infants to be forwarded to them.

Sixth Class Girls:

Each year St. Raphael’s College and St. Brigid’s College request that the personal data of each pupil in Sixth Class to be forwarded to them.

The data requested is Student’s Name, Date of Birth, P.P.S. No., Name(s) and Address(es) of Parent(s)/Guardian(s). This data is used for the purpose of invitation of pupils and/or Parent(s)/Guardian(s) to the Open Days/Nights in their schools.

In order to comply with Data Protection Act and indeed out of respect to your family privacy, it is necessary to receive your consent or otherwise regarding this matter.

Accordingly, please complete the attached form and tick the appropriate box.

Yours sincerely,

Patrick Coyle,

Principal.

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I **Parent/ guardian name**  Parent(s)/Guardian(s) of **Child’s name** a pupil at St. Ita’s N.S.

allow the data above to be forwarded to the local Primary/Secondary Schools.

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I **Parent/ Guardian name**  Parent(s)/Guardian(s) of **Child’s name**  a pupil in St. Ita’s N.S.

do not allow the data above to be forwarded to the local Primary/Secondary Schools.

**MEDICAL CONSENT FORM**

In order to support children with medical conditions school needs to be aware of any details that can affect the child’s welfare while at school. Information given here will be treated confidentially and contents will be brought to the attention of relevant staff so that they will be able to offer support if needed.

NAME: ­Click here to enter name YEAR: Click here to enter year CLASS: Click here to enter class

PHONE NO. OF PARENTS: HOME: Click here to enter no. WORK: Click here to enter no.

EMERGENCY PHONE NOS. Click here to enter emergency number

MEDICAL CONDITION: Click here to enter medical condition, if applicable

SYMPTOMS: Click here to enter symptoms

KNOWN RISKS: Click here to enter known risks

KNOWN CAUSES: Click here to enter known causes

DOES CONDITION REQUIRE DAILY MEDICATION: Click here to enter information

IF SO, WHO IS RESPONSIBLE FOR THIS: Click here to enter information, if applicable

SIGNED: Click here to sign DATE: Click drop down arrow to select date

PARENT(S)/GUARDIAN(S)

**SCHOOL AND EDUCATIONAL CONSENT FORM**

Please complete the following and return to Principal, St. Ita’s N.S, Loughrea.

We agree to uphold the ethos & philosophy of St. Ita’s N.S., Loughrea as expressed in Mission Statement.

YES  NO

We agree to uphold the school’s Code of Behaviour

YES  NO

Do you give permission for your child to attend Learning Support Teacher/Resource Teacher/Language Support Teacher if deemed necessary?

YES  NO

(End)

To submit, please click “File”, “Save As” and save your document as “Enrolment 22-23 - *Your child’s first name*”. Click “Save”. Attach the saved document to an email & send to [st.itasecretary1930@gmail.com](mailto:st.itasecretary1930@gmail.com) or alternatively, print and return to school.