**St Ita’s National School**

**Enrolment Pack**



**School Enrolment Pack 2024-2025**

**Please complete the forms on pages 2-7 and return to:** 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[ ]

Parental Consent Form Page 5[ ]

POD Consent Form Pages 6 &7 [ ]

Birth Cert (attached) [ ]

**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: 2024/ 2025:**

**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 to enter home no. **MOBILE NO:** Click to enter mobile no.

**RELIGION:** Click here to enter religion **BIRTH CERT (ATTACHED):** [ ]

**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 **Date:** Click or tap to enter a date.

 *Parent(s)/ Guardian(s)*



**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 or tap to enter a date.

 *Parent(s)/Guardian(s)*

**SCHOOL AND EDUCATIONAL CONSENT FORM**

Please complete the following and return to the school with your enrolment form.

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 [ ]

**PARENTAL CONSENT FORM**

*Please read all carefully. Choose either* ***Yes or No*** *in each case. Please return with the enrolment pack.*

**Name of Pupil:** Click here to enter name

|  |  |  |
| --- | --- | --- |
| **Consent Required for:** | **Yes** | **No** |
| **Medical Emergencies:** During the course of the school day children can have little accidents (cut or bump themselves). I give permission for my child to receive any medical attention deemed necessary and to be taken to hospital in case of serious illness or accident. (We will always try to contact parents first) | [ ]  | [ ]  |
| **School Website/Publications:**I give consent for the use of school related photographic images and videos which include my child on the school website or in other school publications or displays, or in local newspapers. I understand that he/she will not be identified individually. | [ ]  | [ ]  |
| **Activities Outside/After School:**During the school year classes may undertake activities outside the school premises e.g., visiting the church, nature walks, library etc. I consent that my child may do so. | [ ]  | [ ]  |
| **Competitions:**I give consent to allow my child to enter school competitions and for their name and date of birth to be shared with the organisers. | [ ]  | [ ]  |
| **Digital Technology:**I give consent for my child to use the computers/ iPads in the school in line with the School’s Acceptable Use Policy. | [ ]  | [ ]  |
| **Zoom:**I give consent for my child to participate in class zoom calls as set up by the teacher. | [ ]  | [ ]  |
| **Seesaw/ Google Classroom:**I give consent for my child to use Seesaw or Google Classroom for class activities | [ ]  | [ ]  |
| **HSE Appointments:**The HSE request contact information from the school to arrange appointments for children e.g., dental, vision, hearing, vaccinations. Do you give permission to the school to release your contact details? | [ ]  | [ ]  |

I**n signing this form:**

* I/We agree to support the Board of Management and staff in their implementation of school policies.
* I/We are aware that the school policies including policies on Code of Behaviour, Anti-Bullying, Child Protection etc. are available on request from the office or from the school website.
* 1/We are aware that the Stay Safe Programme is taught as part of our SPHE curriculum
* I/We are aware there is a healthy eating policy in the school and agree to abide by this
* I/We are aware that the data relating to this application will be retained in the school and that the school uses a secure management system called Aladdin to administer information relating to pupil data (e.g., contact details, Learning Support files, attendance) and that in making this application, I/We are consenting to its usage.
* I/We are aware to support the staff in their efforts to provide a positive learning experience for all children in the school.

**Signed:** Click here to sign **Date:** Click or tap to enter a date.

 *Parent(s)/Guardian(s)*

**Pupil Information required for**

**Department of Education and Skills**

**Primary Online Database**

The Department of Education and Skills has developed 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 including their PPSN, First Name, Surname, Name as per Birth Certificate, Mother's Maiden Name, Address, Date of Birth, Gender, Nationality, whether one of the pupil's mother tongues is English or Irish, whether the pupil is in receipt of an Exemption from Irish and if so the reason for same, whether the pupil is in receipt of Learning Support and if so the type of learning support, whether the pupil is in a Mainstream or Special Class. The database will record the class grouping and standard the pupil is enrolled in. The database will also contain, on an optional basis, information on the pupil's religion and on their ethnic or cultural background.

**In order to assist with the gathering of data please complete sections below (pages 6 and 7) and return to the school with your enrolment form. This form will be retained by the primary school.**

**Pupil Forename:** Click here to enter forename **Pupil Surname:** Click here to enter surname.

**Pupil’s Date of Birth:** DD/MM/YYYY **PPSN of Pupil:** PPS Number

**Birth Cert Forename** (If different from name above) **Birth Cert Surname:** (If different from name above)

**Pupil Address**: Address Line 1 **Eircode:** Eircode

Address Line 2 **Mother’s Maiden Name:** Click here to enter

Address Line 3 **County:** Click here to enter

**Nationality:** Nationality **Gender:** *Male* [ ]  *Female* [ ]  *Other*[ ]

'Is one of the pupil’s mother tongues (i.e. language spoken at home) Irish or English? *Yes* [ ]  No [ ]

**Pupil Information requested for Department of Education and Skills Primary Online Database**

**(Optional)**

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database.  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.

**To which ethnic or cultural background group does your child belong?** (Please Tick **one** from the table below)

*(Categories are taken from the Census of Population)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnic/ Cultural Background Group** | **Tick** | **Ethnic/ Cultural Background Group** | **Tick** |
| White Irish | [ ]  | Irish Traveller | [ ]  |
| Any other White Background  | [ ]  | Roma | [ ]  |
| 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  | [ ]  |
| No consent  | [ ]  |  |  |

**What is your child’s religion?** (Please Tick **one** from the table below)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Religion** | **Tick** | **Religion** | **Tick** | **Religion** | **Tick** |
| Roman Catholic  | [ ]  | Church of Ireland*(incl. Protestant)* | [ ]  | Presbyterian | [ ]  |
| Methodist, Wesleyan  | [ ]  | Jewish | [ ]  | Muslim (Islamic) | [ ]  |
| Orthodox*(Greek, Coptic, Russian)*  | [ ]  | Apostolic or Pentecostal | [ ]  | Hindu | [ ]  |
| Buddhist  | [ ]  | Jehovah's Witness | [ ]  | Lutheran | [ ]  |
| Atheist  | [ ]  | Baptist  | [ ]  | Agnostic | [ ]  |
| Other Religions  | [ ]  | No Religion | [ ]  | No Consent  | [ ]  |

*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:** Click here to sign **Date:** Click or tap to enter a date.

 Parent(s)/Guardian(s)

**Please complete this form and return to your primary school. For further information on POD please go to the Department of Education and Skills’ website www.education.ie**

(End)

To submit, please click “File”, “Save As” and save your document as “Enrolment 24-25 - *Your child’s first name & Surname*”. Click “Save”. Attach the saved document to an email & send to st.itasecretary1930@gmail.com or, alternatively, print and return to school.