**Personal Data on this Form:**

St. Fiacc’s NS is a data controller under the Data Protection Acts, 1988 and 2003. The personal data supplied on this Admissions Form is required for the purposes of: student enrolment; student registration; allocation of teachers and resources to the school; determining a student’s eligibility for additional learning supports and transportation; school administration; child welfare (including medical welfare); and to fulfil our other legal obligations.

|  |  |
| --- | --- |
| Name of child (as recorded on birth certificate) |  |
| PPSN no: | Male/Female (please circle) |
| Nationality: | Religion:  |
| Address |  |
|  |  |
|  |  |
|  |  |
| Date of Birth: |  |
| Name of Parent(s) \ Guardian(s)  | 1.  |
|  | Nationality: |
|   | 2.  |
|  | Nationality: |
| Mother’s Maiden Name |  |
| Email(s) | 1. |
|  | 2. |
|  |  |
| Names of sibling(s) presently attending St. Fiacc’s (if any) |  |
| Home Telephone Number: | Daytime/Work Number: | Mobile Number: (Mother) |
| Mobile Number: (father) | Emergency number (name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| Does any legal order under family law exist that the school should know about?(detail) |  |
| Name and address of previous Primary School: |  |
|  |
| Reason for transferring(if applicable) |  |
| Religion: |  |
| Church where baptised:(if applicable) |  |
|  |
| Have you **attached** Birth and Baptismal certificates? YES

|  |
| --- |
|  |

 | Certificates will be copied and returned. |
| Name of Doctor: |  |
|  |  |
| Address: |  |
|  |  |
|  |  |
|  |  |
| Tel No: |  |

**1.** If your child suffers from any disability/long term illness or allergy which you feel the school should be aware of please specify below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** Do you agree to abide by the school’s code of Behaviour/Anti-bullying policies? \_\_\_\_\_\_\_\_\_

(Please **attach** signed copy of policies)

**3.** Please indicate below if your child has been assessed or is awaiting assessment in any of the following areas. If so, please furnish the school with a copy of same, at your earliest convenience.

 Please tick.

|  |  |
| --- | --- |
| Educational Assessment |  |
| Psychological Assessment |  |
| Psychiatric Assessment |  |

**4.** Has your child been referred to any other outside agency i.e. Speech Therapist, Social Worker, Specialist? (Give detail) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**5.** In the event of a serious illness \ accident to my child (if I cannot be contacted) I give permission for him \ her to be brought to his \ her doctor or hospital.

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|  |

 (Please tick)

**6**. I consent to my child’s PPSN, name, Mother’s maiden name, Address, Date of Birth, Gender, Nationality, Religion, Ethnic background whether in receipt of learning support or Irish exemption being stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills.

|  |
| --- |
|  |

 (Please tick)

**7. (When a child is transferring)** I consent to my child’s previous school being consulted in order to assess this application. (Please tick)

|  |
| --- |
|  |

 **School Contacting You**

Please confirm if you are happy for us to contact you by SMS/text message and to call you on the telephone numbers provided and to send you emails for all the purposes of:

sports days ; parent teacher meetings ; school concerts/events ; to notify you of school closure (e.g. where there are adverse weather conditions) ; to notify you of your child’s non-attendance or late attendance or any other issues relating to your child’s conduct in school ; to communicate with you in relation to your child’s social, emotional and educational progress and to contact you in the case of an emergency.

**Tick box if “yes” you agree with these uses**

Use your email address to alert you to these issues? 🞏

Use your mobile phone number to send you SMS texts to alert you to these issues? 🞏

Use your mobile phone/landline number to call you to alert you to these issues? 🞏

Please note: St. Fiacc’s NS reserves the right to contact you in case of an emergency relating to your child, regardless of whether you have given your consent.

**While the information provided will generally be treated as private to St. Fiacc’s NS**, and will be collected and used in compliance with the Data Protection Acts 1988 and 2003, from time to time it may be necessary for us to transfer your personal data on a private basis to other bodies (including the Department of Education & Skills, the Department of Social Protection, An Garda Síochána, the Health Service Executive, Tusla (CFA), social workers or medical practitioners, the National Educational Welfare Board, the National Council for Special Education, any Special Education Needs Organiser, the National Educational Psychological Service, or (where the student is transferring) to another school).  We rely on parents/guardians and students to provide us with accurate and complete information and to update us in relation to any change in the information provided. Should you wish to update or access your/your child’s personal data, you should write to the school principal requesting an Access Request Form.

**Data Protection Policy:** A copy of the full Data Protection Policy is enclosed in this Enrolment Pack, and you (and your child where possible) should read it carefully. When you apply for enrolment, you will be asked to sign that you consent to your data/your child’s data being collected, processed and used in accordance with this Data Protection Policy during the course of their time as a student in the school.

**Photographs of Students:** The school maintains a database of photographs of school events held over years. It has become customary to take photos of students engaged in activities and events in the interest of creating a pictorial as well as historical record of life at the school. Photographs may be published on our school website or in brochures, yearbooks, newsletters, local and national newspapers and similar school-related productions. In the case of website photographs, student names will not appear on the website as a caption to the picture. If you or your child wish to have his/her photograph removed from the school website, brochure, yearbooks, newsletters etc. at any time, you should write to the school principal.

**Consent (tick one only)**

**If you are happy to have your child’s photograph taken as part of school activities and included in all such records, tick here ⬜**

**If you would prefer not to have your child’s photograph taken and included in such records, please tick here ⬜**

**If you are happy for your child’s photograph to be taken and included, as 1. above, but would prefer not to have images of your child appear on the school website, in school brochures, yearbooks, newsletters etc., please tick here. ⬜**

**Breakfast Club:** There is a limited facility here to provide breakfast and lunch to children on a daily basis for a small fee. Certain criteria and circumstance apply. If you are interested in this service please tick the box.  **⬜**

**Please Sign Application**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mother/Gn) Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Father/Gn) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The BOM St Fiacc’s N.S. will inform you in writing within 21 days of their decision concerning this application for enrolment.*