Scoil Chríost Rí

Enrolment Registration Form

Applicant's Name: _____

Date: _____

Please return the completed Enrolment Registration Form with Birth Certificate to the school.

Enrolment Registration Form

The Department of Education and Skills operates an electronic database of primary school pupils called the Primary Online Database (POD) which involves 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 information requested below will be uploaded to the **Primary Online Database (POD)** maintained by the Department of Education & Skills. It is **mandatory** that this information be uploaded for all pupils enrolled in Scoil Chríost Rí*

First name of Child:	**Surname of Child:**
Birth Cert First Name: If different from above	**Birth Cert Surname of Child:** If different from above
Date of Birth: *(DD/MM/YYYY)*	**Child's PPS No.:**
Nationality:	**Gender:** ☐ Male ☐ Female
Mother's Maiden Name: (Only required if no PPS No.)	**Year of Commencement:** Please tick **2025** ☐ **2026** ☐ **2027** ☐

Is one of the pupil's mother tongues (i.e. Language Spoken at home) Irish or English?

YES ☐ NO ☐

If English or Irish is not one of the pupil's mother tongues, please state the mother tongue: _____

Pupil Address:

_____

_____

Eircode: _____

*The information requested below is **optional**. Do you consent to the information Requested below in relation to **Religion & Cultural Background** being uploaded to POD?*

☐S NO

Religion: Please tick	**Ethnic/Cultural Background:** Please tick
☐ Catholic Presbyterian Jewish	☐ White Irish Irish Traveller Roma
☐ Church of Ireland (incl. Protestant)	☐ Black African Asian Chinese
☐ Muslim Hindu Orthodox	☐ Other White Background
☐ Buddhist Jehovah's Witness	☐ Other Black Background
☐ Atheist Agnostic	☐ Other Asian Background
	☐ Other (Incl. Mixed background)
Other Religion: _____ *Please Specify*	☐ No Consent
☐ No Religion No Consent	

Parent/Guardian's Name:	**Other Parent/Guardian's Name:**
Parent/Guardian's Mobile No.: **Parent/Guardian's Work No.:**	**Other Parent/Guardian's Mobile No.:** **Other Parent/Guardian's Work No.:**

Email address that can be used for all communication with the school:

_____

Home address for either of the above if different from child:

Please nominate two other adults who are permitted to collect your child from school should you be unavailable. Pupils will only be released into the care of parents/guardians or nominated individuals.

1._____ Tel: _____

2. _____ Tel: _____

Nominated Emergency Contact Person (Name, Address & Telephone no.)

   _____

   _____

Does any legal order under family law exist (pertaining to the child) that the school should know about?

YES ☐   **NO** ☐

Previous School/preschool:

Name: _____

Address**:**   _____

Entry Class
☐ Junior Infants   Senior Infants   First Class   Second Class
☐ Third Infants   Fourth Infants   Fifth Class   Sixth   ASD class

Does the Pupil have siblings currently attending Scoil Chríost Rí

YES ☐   **NO** ☐   **Name of sibling(s)** _____

| **Name of Family Doctor**: _____

Telephone No.:   _____ | **Address:** _____

_____ |

Does your child suffer from any medical conditions, illness, disability, and/or allergies diagnosed by a relevant medical professional (e.g. nut allergies)?

☐   **Yes**   If *YES* please specify: _____

Additional information: If you have any concerns regarding your child starting school or if you possess any professional reports concerning your child (e.g. reports on hearing, vision, speech & language, behaviour or occupational therapy) please submit a copy for our records. If you have any concerns regarding your child's hearing, vision, speech & language, behaviour or health but do not have professional reports, you should consult with your G.P. or visit your nearest health centre as soon as possible. These concerns should be brought to the attention of the school prior to your child commencing.

CONSENT FORM

Accident and/or Emergency Consent Form

I/we _____ (PARENT(S)) OF _____ (child's name) give permission to the staff of Scoil Chríost Rí School to act on my behalf in case of serious illness, emergency or accident and to take such action as might be necessary for the benefit of my child.

Do you give permission to take the child straight to hospital?

☐S   NO

Data Protection

From time to time the school is asked to provide information to the HSE to facilitate their work for immunisations, sight and hearing tests and dental appointments etc.

Do you consent to the school sharing your child's details with the HSE?

☐S   NO

Permission for Outings

Pupils may partake in tours and various other excursions involving travel outside the School grounds during the School Year, as organised by school authorities.

Do you give permission for your child to take part in tours/excursions outside the school grounds?

☐S   NO

Extra Support

During your child's time in Holy Family Junior School, he/she may need extra help or may need to be challenged more.

Do you give permission for your child to avail of the expertise of our special education team?

☐S   NO

Permission to be photographed and/or video recorded

Occasionally, we may publish photos of children engaged in school related group activities (e.g. in newspapers, videos, school website, social media platforms). This is done to promote various school activities (e.g. fund-raising, Sports Day, Christmas performances etc.). We are seeking your permission to publish photos/videos where your child is part of the group, should the occasion arise.

Do you give permission for your child's photograph to be published/videoed, as part of a group?

☐S   NO

Permission to publish your child's name (not photograph)

Occasionally, we may use your child's name (not photo) in relation to publicising school events and activities in the school newsletter, website, social media platforms and similar publications.

Do you give permission for your child's name to be published??

☐S   NO

Permission to use online learning resources

Do you give permission for your child to use online resources/platforms (e.g. Seesaw, Zoom) as part of their classwork and homework?

☐S   NO

N. B. If you wish to change your decision regarding any of the above consent forms, it is your responsibility to contact the school. Also, we gather and process your child's personal data for the purposes of administering the education of your child. To facilitate this, we will input your child's data into the schools Management Information System, Aladdin. Aladdin is a secure software as a service application which is owned and run by Cloudware Ltd. (T/A Aladdin Schools), from where the data is only processed for the above purpose.

I/we will co-operate with the staff and support the ethos of the school. By enrolling _____in Scoil Chríost Rí I/we accept responsibility for ensuring that he/she co-operates with and adheres to school policies and procedures as ratified by the board of management.

Signed: _____Parent/Guardian

Signed: _____Parent/Guardian

Signed: _____Principal

Date: _____   Date (child) ceased attending: _____

It is the sole responsibility of parents/guardians to inform the school in writing of any changes to the information provided on this form.