



## REGISTRATION ENROLMENT FORM

**St Josephs National School  
Glenealy, Co Wicklow**

**Eircode: A67 CD78      Roll No: 00984V**

**Principal: Denise O'Brien Deputy Principal: Áine Brophy**

**Tel. 0404-44884 E-mail: [secretary@glenealy2ns.com](mailto:secretary@glenealy2ns.com) Website: [www.stjosephsglenealy.com](http://www.stjosephsglenealy.com)**

The Department of Education and Skills has developed 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. This information will be used 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. The database will also contain, **on an optional basis**, information on the pupil's religion and on their ethnic or cultural background. The data required for POD is marked with an asterisk \*. All other data we need for the efficient running of the school.

**In order to assist with the gathering of data please complete the form in CAPITAL LETTERS and return to the school. This form will be retained by the school.**

**Please supply a Birth Certificate with returned Enrolment Form. Certificate will be photocopied & returned to you.**

\* Pupil First Name: \_\_\_\_\_ \* Pupil Surname: \_\_\_\_\_

\* Birth Cert Name: (if different) \_\_\_\_\_

\* Pupil Address & Eircode: \_\_\_\_\_

\* Parent/Guardians Email address \_\_\_\_\_

\* Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\* PPSN: \_\_\_\_\_

Gender: Male [ ] Female [ ]

\* Mother's Maiden Surname: \_\_\_\_\_

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

Religion: \_\_\_\_\_

Do you consent to uploading data relating to Religion to POD? Yes [ ] No [ ]

\* To which ethnic or cultural background group does your child belong (please tick one)?

(Categories based on the Census of Population)

White Irish [ ]

Irish Traveller [ ]

Roma [ ]

Any other White Background [ ]

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 [ ]

Other (inc. Mixed background) [ ]

No consent [ ]

Do you consent to uploading data relating to ethnicity to POD? Yes [ ] No [ ]

**The following information is required for the efficient running of the school and will not be uploaded to POD**

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_

**Father's Home/Mobile No/Work:** \_\_\_\_\_

**Mother's Home/MobileNo/Work:** \_\_\_\_\_

**In the event of an emergency (accident, sickness etc.) occurring during school hours, and we are unable to contact you, please give 2 other contact names and phone numbers.**

	<b>Name</b>	<b>Phone Number</b>
(1)	_____	_____
(2)	_____	_____

**Name(s) email address & phone number to be used for Aladdin communication to parents/guardians:**

\_\_\_\_\_

(If you change your mobile number or email address during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.)

**Medical Conditions / Allergies The School Should Be Aware of:** \_\_\_\_\_

\_\_\_\_\_

**Name of Doctor:** \_\_\_\_\_ **Phone :** \_\_\_\_\_

**Did Child Attend Pre-School/Play School?**

Yes ☐ No ☐ Please give details below

\_\_\_\_\_

**Are there any problems, concerns or developmental delays the school should be aware of:**

\_\_\_\_\_

**Has your child ever had a psychological assessment / assessment of need?**

\_\_\_\_\_

**Has your child ever had a speech and language assessment?**

\_\_\_\_\_

**(Please supply the school with copies of any reports that have been carried out on your child)**

Please make the school aware as early as possible of any family situation such as bereavement, or separation that could impact on your child, so that we can be as supportive as possible.

**Previous School/s Attended:** \_\_\_\_\_

**(If transferring from one school to another)**

*A Transfer Form is required if a pupil is transferring from another school and is **not** residing in the Parish.*

**Intended school class:** \_\_\_\_\_

**Name of person/s who have permission to collect your child(ren) from school:**

\_\_\_\_\_

## Consents

**Please answer YES or NO to the following (please circle as appropriate):**

1	During the course of the school year, all classes undertake a variety of different activities outside the school premises. These include, for example, <b>Football &amp; Hurling matches, Athletics, School Tours, History / Educational tours and any other activities that arise</b> . When we take the children on these outings, we increase the level of supervision to meet the needs of the particular activity. We give permission for our child to partake in field trips, swimming/outings and tours that may arise:	YES	NO
2	We give our consent to the staff of St Joseph's N.S. to obtain professional medical aid for our child in the case of a medical emergency or serious injury	YES	NO
3	There are many forms to be filled during the school year where the name of your child(ren) and/or date of birth/address/phone number is requested e.g.: <b>H.S.E, Credit Union Competition, Football Hurling Competitions and Community Games Competition</b> . In order to comply with Data Protection, we require your permission to pass on this information to the relevant body.	YES	NO
4	We give permission for our child's photograph to be published on the school website.	YES	NO
5	We give permission for inclusion of our child's photographs in a local/national newspaper:	YES	NO
6	We give permission for our child's photograph & work to be published on social media.	YES	NO
7	We acknowledge that we have received, read and accepted the Code Of Behaviour of St Joseph's N.S.	YES	NO
8	We will support & co-operate with the staff of the school:	YES	NO
9	We give permission for our child to participate in school-based tests/assessments.	YES	NO

Enclosed please find our **Code of Behaviour Policy**. Please read this carefully.

**I/We have received, read and understand the Code of Behaviour and Enrolment Policy. We agree to abide by these Rules and will work in co-operation with the staff to ensure our child understands and keeps the Rules.**

**Signature 1:** \_\_\_\_\_ (Parent/Guardian)      **Date:** \_\_\_\_\_

**Signature 2:** \_\_\_\_\_ (Parent/Guardian)      **Date:** \_\_\_\_\_