



Castlebar Primary School Enrolment Form 2022-23

Junior Campus, The Lawn, Castlebar, Co. Mayo F23YD79
Senior Campus, Chapel Street, Castlebar, Co. Mayo F23K389

Class Entered: _____ Date: _____ Teacher: _____

1. Child's Personal Details

NAME OF CHILD (IN FULL, AS ON BIRTH CERTIFICATE) _____

DATE OF BIRTH: ____/____/____ PPS No.: _____

ADDRESS AT WHICH CHILD RESIDES: _____

GENDER: _____ NATIONALITY: _____

COUNTRY OF BIRTH: _____ DATE ARRIVED IN IRELAND: _____

MOTHER'S NATIONALITY: _____ FATHER'S NATIONALITY: _____

ENGLISH SPOKEN (CHILD): _____ ENGLISH SPOKEN PARENT: _____

CHILD'S FIRST LANGUAGE: _____ RELIGION: _____

CHILD'S SECOND LANGUAGE: _____ MEDICAL CARD: Y / N No. _____

2. Contact Details

****We ask for a number of contact details, so that in the very unlikely event of an emergency, we can contact you quickly. Please note also, if you change your contact details during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency. Please fill as appropriate***

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours. If there is any change in this regard or if there is any other information which you think may be relevant it is very important that the school is informed immediately.

FATHER'S NAME _____ EMPLOYMENT: _____

WORK TELEPHONE _____ MOBILE NO: _____

HOME TELEPHONE _____ EMAIL: _____

MOTHER'S NAME _____ EMPLOYMENT: _____

MAIDEN NAME _____ MOBILE NO: _____

WORK TELEPHONE _____ EMAIL: _____

GUARDIAN'S NAME _____ MOBILE NO: _____

HOME TELEPHONE _____ EMAIL: _____

3. Family/Religious Denomination

POSITION OF CHILD IN FAMILY (1ST, 2ND, 3RD, ETC.): _____

NUMBER OF CHILDREN IN THE FAMILY: _____

BROTHER/SISTER CURRENTLY IN CASTLEBAR PS: YES/NO CLASS: _____

IS THE CHILD LIVING WITH BOTH PARENTS: YES/NO

IF NO, WHO DOES CHILD NORMALLY RESIDE WITH? _____

PARENTS' MARITAL STATUS: _____

IF CATHOLIC, WHERE WAS YOUR CHILD BAPTISED? _____ DATE OF BAPTISM: _____

4. School Educational Details

DID YOUR CHILD ATTEND PRESCHOOL: YES/NO FOR HOW LONG: _____ WHERE? _____

AT WHAT AGE DID YOUR CHILD BEGIN TO SPEAK: _____

DOES YOUR CHILD SPEAK WELL OR HAS YOUR CHILD HAD ANY SPEECH DIFFICULTIES? _____

HAS YOUR CHILD EVER HAD A PSYCHOLOGICAL ASSESSMENT? YES/NO

HAS YOUR CHILD EVER RECEIVED A SPEECH AND LANGUAGE REPORT? YES/NO

PREVIOUS SCHOOL AND CLASS DETAILS / REASON FOR TRANSFER: _____ INCOMING CLASS _____

5. Collection After School

PLEASE GIVE NAMES, ADDRESSES AND PHONE NUMBERS OF THE PEOPLE WHO HAVE PERMISSION TO COLLECT YOUR CHILD FROM SCHOOL. IF THERE IS ANY CHANGE IN THIS ROUTINE PLEASE INFORM THE SCHOOL IN WRITING. THE BOM DOES NOT TAKE RESPONSIBILITY FOR CHILDREN OUT OF SCHOOL HOURS. PARENTS WHO WISH TO HAVE THEIR CHILDREN ESCORTED HOME SHOULD MAKE THEIR OWN ARRANGEMENTS.

NAMED PERSON WHO USUALLY COLLECTS CHILD(REN)	CONTACT No.
1 _____	_____
2 _____	_____
3 _____	_____

6. School Emergencies/Sickness/Unexpected Closures, etc.

The following information will be used by the school in the event of:

- Your child feeling sick
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils.
- An unexpected closure of the school.

If my child gets sick, or the school has to close unexpectedly, etc. and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children. Please write **same as above** if it is the same person.

A. Person the school will contact:

CONTACT 1	_____	CONTACT 2	_____
MOBILE NO.	_____	MOBILE NO.	_____
WORK NO.	_____	WORK NO.	_____
ADDRESS:	_____	ADDRESS:	_____
	_____		_____

B. Medical History/Emergency/Accident

That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

- i. I authorise that at their discretion a member of staff may bring my child/children to a Doctor/Hospital if an emergency arises.

FAMILY DOCTOR'S NAME _____ TELEPHONE NO: _____

- ii. Does your child/children have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school (please fill out school medical indemnity form).

- iii. It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies. Does your child/children have an allergic reaction to medication or food or does your child need to have medicine administered in school (please fill out school medical indemnity form).

- iv. Has your child had any educational or psychological assessments or other assessments of which we should be aware, or does your child have any Special Educational Needs?

- v. Is there any other relevant information about your child/children which we should know?

7. Consent

- a) Assessment Tests are carried out in the school on all children from Infants to 6th Class. From time to time other assessments may be carried out as part of our commitment to school improvement. I give permission for any necessary assessment tests to be carried out with my child.
- b) During your child's time in Castlebar PS, it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.
- c) I give permission to allow my child to attend a Special Education Teacher/EAL if deemed necessary and/or to engage in focused extension work in groups.
- d) I consent to my child going on and participating in general school outings, events and tours.
- e) I give permission to allow my child's photograph/image/ work to be included in school-related activities, competitions, school website & school online media, (please consult the school's Acceptable Use Policy: children's names and photos never appear together), use of seesaw G-Suite etc.
- f) I give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE, school nurse, doctor, dentist, Presbytery, Secondary Schools, sporting events and school related activities etc.
- g) I agree to co-operate with the school Board of Management regarding all school policies.

I wish to enrol my child _____ in Castlebar PS.

I declare the above information to be correct and I consent to all of the above and understand that it will be treated as confidential.

PARENT'S/GUARDIAN'S SIGNATURE: _____ **DATE:** _____

PARENT'S/GUARDIAN'S SIGNATURE: _____ **DATE:** _____

*Please ensure that you have included a **Birth Certificate** and **PPS Number**.*

PRINCIPAL'S SIGNATURE: _____ **DATE:** _____

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 school's Management Information System which is a secure service application from where the data is only processed for the above purpose.

For Office Use Only:

Pupil Information required for Department of Education and Skills Primary Online Database (POD)

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 sensitive personal data categories under Data Protection legislation. These questions are optional. While these questions are optional, the information would be very useful to the Department for statistical and research purposes. Aggregated information on Ethnic/Cultural background will be used to track the progress of these groups, and to compare their progress with other groups, thereby identifying gaps in the system and assisting in the development and implementation of appropriate policies and interventions. Enhanced capitation in respect of pupils who are members of the Traveller Community will be paid to schools on the basis of the answers to this question. Aggregated information on religion will be used for statistical purposes only. Parents/guardians are asked, if they wish to do so, to identify their children's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. This page of the form will be retained by your primary school.

To which ethnic or cultural background group does your child belong?

(Please tick one) (Categories based on the Census of Population)

White Irish	<input type="checkbox"/>
Roma	<input type="checkbox"/>
Black or Black Irish - African	<input type="checkbox"/>
Asian or Asian Irish - Chinese	<input type="checkbox"/>
Other (Inc. mixed background)	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>
Black or Black Irish - Any other Black Background	<input type="checkbox"/>
Asian or Asian Irish - Any other Asian background	<input type="checkbox"/>
No consent	<input type="checkbox"/>

What is your child's religion? (Please tick one)

Roman Catholic	<input type="checkbox"/>	Church of Ireland	<input type="checkbox"/>
Presbyterian (Inc. Protestant)	<input type="checkbox"/>	Methodist, Wesleyan	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Muslim (Islamic)	<input type="checkbox"/>
Orthodox (Greek, Coptic, Russian)	<input type="checkbox"/>	Apostolic or Pentecostal	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Baptist	<input type="checkbox"/>
Atheist	<input type="checkbox"/>	Lutheran	<input type="checkbox"/>
Agnostic	<input type="checkbox"/>	No Religion	<input type="checkbox"/>
Other Religions	<input type="checkbox"/>	No Consent	<input type="checkbox"/>

I consent for the sensitive personal data in the two questions above 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: Parent/Guardian _____

Date: _____
