Scoil na Mainistreach
Cill Airne
Co Chiarraí

Presentation Monastery N.S.
Killarney
Co Kerry

**064 66 33687**

**Email: office@presentationmonasteryns.com**

| | |
|---|---|
| **1. Child's First Name/s** | **2. Child's Last Name** |
| **3. Date of Birth** *(attach copy of birth cert)*<br>D D -- M M -- Y Y Y Y | **4. No. of children in family** |
| **5. Position of child in family** | **Religion** |
| **6. Country of Birth** | |
| **7. Home Address** | **8. Childs PPS No.** |

| | |
|---|---|
| **Part 1. Parent/Guardian Details** | |
| **First Name** | **Last name** |

| | |
|---|---|
| **Maiden Name (Mother)** | |
| **Relationship to Child** | **Address** |

| | |
|---|---|
| **Phone No. (Home)** | **Phone No. Work** |
| **Phone No: Mobile** | |
| **Email:** | |
| **Parent/Guardian Details** | |

| **First Name** | **Last Name** |
|---|---|
| **Relationship to Child** | **Address** |
| **Phone No. (Home)** | **Phone No. (Work)** |
| **Phone No: Mobile** | |
| | |
| | |

**Other Emergency Name and Contact Number**

**Name_____ Phone No._____**

**Relationship to Child _____**

**If there are any orders or other arrangements in place governing access to or custody of the child, please provide details.**

_____

_____

Please indicate name and address of person (s) to whom correspondence is to be sent regarding educational progress of the student, if different from above.

_____

_____

**Does the student have any brothers or in this school?**

**Yes** ☐ **No** ☐

**If yes please indicate names and the year they are currently in**

**Name_____ Year_____**

**Name_____ Year_____**

**Name _____ Year_____**

**Part 2 Primary School Details** (*Note: We may contact the school in connection with your child's enrolment*)

**Name of Primary School _____**

**Other Primary School attended and dates (if relevant) _____**

***Consent***

**I/we give permission to contact my child's primary school and to obtain copies of teachers' records, class notes, academic records, psychological reports and other records necessary for my child's educational welfare and for aiding his/her transition to post-primary. I hereby give the school my consent and do instruct and direct that my child's primary school to release these documents to *<insert name of ETB school>***

**Signed _____**
**(Parent/Guardian)**

**Date _____**

**Part 3 Educational Details**

*(Required for the assessment of individual educational needs)*

**Please note**

**Irish is a compulsory subject for all students. Exemptions are only granted in *exceptional* cases.**

**In general, any student who is granted an exemption will either:**

**a) Be a non-national**

**Or**

**b) Have a psychological assessment recommending exemption. This assessment will have been carried out within the last 3 years. The school will require a copy of this report before any exemption is granted**

**Or**

**c) Student lived outside Ireland until 11 years of age**

**Is the student currently studying Irish? Yes ☐ No ☐**

**If you answered no, please indicate the reason (a, b or c above)**

**_____**

**Has the student a psychological assessment? Yes ☐ No ☐**

**Is the psychological report available? Yes ☐ No ☐**
**(If yes please attach copy to Application Form)**

**Has the student been granted resource teaching hours and/or special needs assistance hours by the NCSE?** **Yes** ☐

**No** ☐

**If you answered *yes,* please give details:**

_____

_____

_____

_____

**Category of special need**

_____

**Has the student been in receipt of learning support? Yes** ☐ **No** ☐

**If the answer is yes, please give details**

_____

_____

_____

_____

**Has the student received EAL** (*English as an Additional Language*) **support?**

**Yes** ☐ **No** ☐

**If *Yes,* for how many years? _____**

**If student is a non-national, please state how many years he/she has been resident in Ireland**

**To assist the school in completing its October Returns, please complete the "Consent Form for Sensitive Personal Data for the School's October Return to the Department of Education and Skills" set out at Appendix A.**

**Completed?** **Yes** ☐

**<u>Part 4 Medical Details</u>**

*(Required to ensure the school has your doctor's contact details in order to contact that doctor in the event of a medical issue arising during school/ETB activities. Please note it may be necessary to disclose this information to staff in certain circumstances)*

**1) Health concerns for child.**

_____

_____

**2) Procedures to follow (for a particular illness).**

_____

**3) Doctor's name (if contact is required in relation to the above health concern/illness or other medical issue)**

_____

**4) Name of practice (if relevant)** _____

**5) Phone number (Doctor/Practice)**

_____

**6) Does the child require glasses?** **Yes** ☐ **No** ☐

**7) Does the child have any hearing difficulties?** **Yes** ☐ **No** ☐

**8) Any other medical concerns/information of relevance?**

_____

_____

**Part 5 (Data Protection)**

**A copy of the Data Protection Policy will be on the website.**

**Personal Data on this Form:**

*The Presentation Monastery N.S is* a data controller under the Data Protection Acts 1988 and 2003. The personal data supplied on this application 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
- examinations
- school administration
- child welfare (including medical welfare)
- and to fulfil our other legal obligations including the election of parent/guardian representatives to the ETB under the Education and Training Boards Act, 2013.

**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 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: *Presentation Monastery National School* reserves the right to contact you in the case of an emergency relating to your child, regardless of whether you have given your consent.**

| Do you give your consent for us to do each of the following: | |
|---|---|
| | Tick box if "yes" you agree with these uses |

While the information provided will generally be treated as private to Presentation Monastery N.S, 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 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**

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 Schools Data Protection Policy during the course of their time as a student in the school.

**Photographs and Digital Images of Students**

The school maintains a database of photographs and digital images (including video) of school events held over years. It has become customary to take photographs 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/digital images 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/digital images, 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/digital image removed from the school website, brochure, yearbooks, newsletters etc. at any time, you should write to the school principal.

**Consent (tick one only)**

1. If you are happy to have your child's photograph/digital image taken as part of school activities and included in all such records tick here ☐
2. If you would prefer not to have your child's photograph/digital image taken and included in such records, please tick here ☐
3. If you are happy for your child's photograph/digital image 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. ☐

**Signed: _____ Date: _____**

**Part 6 (Contract)**

***Parent/Guardian (Contract and Consent)***

In registering my above named child as a student in *<Insert Name of school>,* I understand that this implies a full acceptance of the rules of the school as laid down from time to time by the board of management.

I will provide copies of recent psychological or other professional educational assessments to the school.

I understand that, while every effort will be made to ensure that my son/daughter will be facilitated in his/her subject choices, this may not always be possible.

As a partner in the education of my child, I recognise the need for me to do my utmost to support the work of the school.

By signing below, I am giving full, explicit, and informed consent for Presentation Monastery N.S *to* confirm, retain, use and disclose the information I have provided in accordance with the *Presentation Monastery N.S* Data Protection Policy .

**Signed _____**
**(Parent/Guardian)**

**Date _____**