**Insert School Name Insert School Logo**

**REGISTRATION FORM [Insert School Year]
Uimhir Rolla:**

|  |  |  |
| --- | --- | --- |
| Please complete in **BLOCK CAPITALS** |   | **CLASS:** |
| **Pupil's Name:** |   | **Name in Irish:****(Optional)** |
| **Date of Birth:** |   | **Male/Female** |
| **P.P.S. Number:** |   | **Country of Birth:** |
| **Address:** |   | **Nationality:** |
|  |   | **If born outside the country, year of arrival in Ireland:** |
| **Eircode:** |   | **Languages spoken in the home:** |
| **Parent/Guardian Details** |   | **Parent/Guardian Details** |
| **First Name:** |   | **First Name:** |
| **Last Name:**  |   | **Last Name:**  |
| **Relationship to child:** |   | **Relationship to child:** |
| **Phone No (Home):** |   | **Phone No (Home):** |
| **Phone No (Work):** |   | **Phone No (Work):** |
| **Phone No (Mobile):** |   | **Phone No (Mobile):** |
| **email Address:** |   | **email Address:** |
| **Names of brothers/sisters in this school:** |
| **It is school policy to pass on the above information excepting Religion and Ethnicity to the Department of Education and Skills.** |
| **Please tick** | **Yes** | **No** |
| **Are there any orders or other arrangements in place governing access to or custody of your child?** |  |  |
| **The school may share Personal Pupil Data with other organisations such as HSE, Tusla, An Garda Síochána, etc where there is a legal basis for doing so under GDPR.** |
| **Name of Previous School/Pre-school:** |
| **Address:** |  |
| **Principal's Name: Phone No:**  |
| **Additional local contact names, to be contacted in emergencies [Not the same as above]** |
| **Name:** |  | **Phone No:** |
| **Relationship to child:** |  |  |
| **Name:** |  | **Phone No:** |
| **Relationship to child:** |  |  |
| **Name:** |  | **Phone No:** |
| **Relationship to child:** |  |  |
|  |
| **Please tick** | **Yes** | **No** |
| **Have you attached a Birth Certificate for your child?** |  |  |
|  |
| **SCHOOL USE ONLY** |
| If the language spoken at home is **NOT** English, an Appointment with our E.A.L. (English as Another Language) teacher is required.   |
| **Date of Appointment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Teacher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Relevant Medical Information:** |
| **Family Doctor:** | **Phone No:** |
| **Any medical concern/information of relevance? (use a separate sheet, if required)** |
|
| **Has your child any Special Educational Needs? Details:** |

**Consent Form**

**We would like your permission for the following in relation to your child**

 ***Please tick the appropriate box and sign - Both parents/guardians please sign below***

|  |  |  |
| --- | --- | --- |
| **Please Tick** | **Yes** | **No** |
| **Activities Outside/After School** |  |  |
| During the school year classes may undertake activities outside the school premises e.g. visiting the church, library. I consent that my child may do so. |  |  |
| **D.T. (Digital Technology)** |  |  |
| I give consent for my child to use the computers in the school in line with our Acceptable Use Policy.  |  |  |
| **School Website/Publications:** I give consent for the use of school related photographic images which include my son/daughter on the school website, school facebook page or in other school publications or displays. I understand that s/he will not be identified individually. |  |  |
| **Dept of Education & Skills** |  |  |
| I give written parental consent to share Ethnic or Cultural Background and Religion with the Department of Education & Skills. |  |  |
| **Medical Emergencies** |  |  |
| I give permission for my child to receive any medical attention deemed necessary and to be taken to hospital in case of serious illness or accident. |  |  |
| **School Policies** |  |  |
| I have received and read a copy of St Mary’s Code of Behaviour and agree that my child and I will abide by it. |  |  |
| I agree to familiarise myself with all school policies, agree to abide by them and agree to discuss them at an appropriate level with my child. |  |  |
| **Competitions** |  |  |
| I give consent to allow my child to enter school competitions and for their name and date of birth to be shared with the organisers. |  |  |

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| I/we wish to enrol my/our child in [Insert School Name] |
| I/we have received and read a copy of [Insert School Name] Policy |
| Signed: Parent/Guardian Date: |
| Signed: Parent/Guardian Date: |
| **Both Parents/Guardians to sign** |