

PARENTAL CONSENT

Medical Emergencies

During the course of the school day children can have little accidents and cut or bump themselves. 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. (We will always try to contact parents first.)

Yes No

School Website/Publications

I give consent for the use of school related photographic images which include my son/daughter on the school website or in other school publications or displays. I understand that s/he will not be identified individually.

Yes No

Activities Outside/After School

During the school year classes may undertake activities outside the school premises e.g. visiting the local library, park etc. I consent that my child may do so.

Yes No

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.

Yes No

D.T. (Digital Technology)

I give consent for my child to use the computers in the school in line with the school's Acceptable Use Policy and for children to use EPortfolios to store their work such as Edmodo, Classdojo and Seesaw.

Yes No

HSE Appointments

The HSE request contact information from the school to arrange appointments for children e.g. dentist, hearing, vaccinations. Do you give permission to the school to release your contact details?

Yes No

- ◆ In signing this application for enrolment I/we agree to support the Board of Management and staff in their implementation of school policies.
- ◆ I/we are aware that school policies including policies on Code of Behaviour, Anti-Bullying, Child Protection etc are available on request from the office or from the school website www.holyrosaryps.ie.
- ◆ I/we are aware that the **Stay Safe Programme** is taught as part of our SPHE curriculum.
- ◆ I/we are aware that the data relating to this application will be retained in the school and that the school uses a secure management system called Aladdin to administer information relating to pupil data (e.g. contact details, attendance and that in making this application I/we are consenting to its usage. Further information can be found on www.Aladdin.ie
- ◆ I/We agree to support the staff in their efforts to provide a positive learning experience for all children in the school.

Signed: _____ Date: _____

Mother/Guardian

Signed: _____ Date: _____

Father/Guardian

'Mol an Óige agus tiocfaidh sí'
Praise the young and they will blossom

Tel: 4521369 Fax: 4137601

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Príomh Oide: Dolores Kelly



HOLY ROSARY
PRIMARY SCHOOL

Old Court Avenue,
Firhouse
Dublin 24 D24 H022

APPLICATION FOR ENROLMENT

Our Mission Statement "Recognising and embracing the diversity within the community we are committed to developing the individual pupil in a secure and challenging learning environment."

CHILD'S INFORMATION

First Name: _____ Surname: _____

P.P.S No: _____ Date of Birth: _____

Address _____ Religion: _____

_____ Nationality: _____

_____ Boy Girl

_____ Eircode: _____

Relevant Health/Medical Information;

Mothers Maiden Name: _____

What is the language spoken at home? _____

Have you children already attending this school? Yes No

Have you younger children to enrol in the future? Name: _____ DOB: _____

Name: _____ DOB: _____

NB: Incomplete Applications will not be considered

Office Use Only: Date completed Application for Enrolment received _____

PARENTAL INFORMATION

Mothers Name: _____ Fathers Name: _____

Address: _____ Address: _____
 (If different from above) (If different from above)

Mobile No: _____ Mobile No: _____

Home No: _____ Home No: _____

Work No: _____ Work No: _____

Email : _____ Email: _____

Contact in Case of Emergency (in the event parent can't be contacted):

Name: _____ Phone No: _____

PRESCHOOL

Has your child attended preschool? Yes No

If yes state name and address of preschool _____

OTHER RELEVANT INFORMATION

Has your child attended any of the following services:

- Speech and Language Therapy Yes No
- Occupational Therapy Yes No
- Psychology Yes No
- Hearing/Vision Services Yes No

If you have answered yes to any of the above please give details:

Professional Reports, if available, should accompany this Application

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

Please tick one

(Categories are taken from the Census of Population)

- | | | |
|---|---|--|
| White Irish <input type="checkbox"/> | Irish Traveller <input type="checkbox"/> | Any other White Background <input type="checkbox"/> |
| Black African <input type="checkbox"/> | Any other Black Background <input type="checkbox"/> | Chinese <input type="checkbox"/> |
| Any other Asian Background <input type="checkbox"/> | Roma <input type="checkbox"/> | Other (incl.mixed background) <input type="checkbox"/> |

What is your child's religion?

- | | | | |
|---|--|--|---|
| Roman Catholic <input type="checkbox"/> | Church of Ireland (incl protestant) <input type="checkbox"/> | Presbyterian <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"/> | Buddhist <input type="checkbox"/> | Jehovah's Witness <input type="checkbox"/> | Lutheran <input type="checkbox"/> |
| Atheist <input type="checkbox"/> | Baptist <input type="checkbox"/> | Agnostic <input type="checkbox"/> | Other Religion <input type="checkbox"/> |

I consent for this information 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: _____ Date: _____

Parent/Guardian/Student

For further information on POD please go to the Department of Education and Skills' website www.education.ie

THE FOLLOWING DOCUMENTS **MUST** ACCOMPANY THIS FORM

- | | | |
|--|--------------------------|-------------|
| Birth Cert | <input type="checkbox"/> | Please tick |
| Proof of current residence (e.g. recent ESB, Gas Bill) | <input type="checkbox"/> | documents |
| Baptismal Cert (if Roman Catholic) | <input type="checkbox"/> | supplied |