



# ST. MARY'S NATIONAL SCHOOL, COBH



## ENROLMENT FORM

*Original Birth/Adoption Certificate must be submitted with this Application Form.*

(Office Use Only) Registration No. _____	School Year: _____
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Child's Name (as on Birth Certificate): \_\_\_\_\_ ( M [ ] / F [ ] )

Name by which child is usually known (if different from above): \_\_\_\_\_

Child's PPS Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Address : \_\_\_\_\_

Place Of Birth \_\_\_\_\_ Nationality: \_\_\_\_\_

Is one of the pupil's languages spoken at home Irish or English:      Yes       No

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

Date of Baptism if Catholic: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_

***(If not Baptised in Cobh please attach Baptismal Certificate)***

Mother's Name: _____  Mother's Birth Surname _____ <i>(if different from above)</i>  Address : _____ _____  Mobile No. _____  Home Tel: _____  e-mail : _____	Father's Name: _____  Address: _____ _____  Mobile No. _____  Home Tel: _____  e-mail : _____
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***(Please notify school office of any changes in address or telephone numbers.)***

With whom is the child residing? \_\_\_\_\_

### **Siblings currently in this School**

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Person(s) (*other than Parents*) authorised to collect child from school and who can be notified in Case of Emergency.

Name : _____	Name : _____
Address : _____	Address : _____
Tel. No. _____	Tel. No. _____
Relationship to child if any : _____	Relationship to child if any: _____

Family Doctor: _____ Tel. No. _____
Address : _____

Name of Pre-School (*if any*) : \_\_\_\_\_

Name of Previous Primary School (*if any*) : \_\_\_\_\_

Does your child suffer from any medical conditions, disability and /or allergies?

Yes [ ] No [ ]

(If Yes please give details): \_\_\_\_\_

***Please attach any medical reports if relevant***

Does your child have any specific learning difficulty? Yes [ ] No [ ]

(If Yes please give details): \_\_\_\_\_

***Please attach any assessment records e.g. Educational Psychologist, Speech/ Occupational Therapy Reports you may have concerning this child.***

Any other relevant information : \_\_\_\_\_

Signed (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

***Where legal documents outline family status/custody arrangements, relevant documents must be provided. Any future legal changes to name or guardianship of the child should be communicated in writing to the school.***

**Data Protection** St. Mary's NS is a Data Controller under the Data Protection Acts 1988 and 2003. The personal data supplied on this form is required for the purposes of student enrolment, registration, administration, child welfare and to fulfil our other legal obligations. While the information provided will generally be treated as confidential to St. Mary's NS, from time to time it may be necessary for us to exchange personal data on a confidential basis with other bodies including the Dept. of Education & Skills, the Dept. of Social Protection, Dept. of Children & Youth Affairs, An Garda Síochána, the Health Service Executive, the National Educational Welfare Board or with another school (where the student is transferring). We rely on parents/guardians 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 child's personal data you should write to the School Principal.

**ST. MARY'S NATIONAL SCHOOL, COBH**  
**Consent Forms**

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Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

*The following forms once signed by a parent/guardian remain current for the duration of the child's primary school education unless withdrawn by parent/guardian*

<b>Permission to provide a change of clothes:</b> My child may be given a change of clothes should the need arise.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

<b>Permission for Outings and School Activities Outside of School Grounds</b> My child may participate in outings and activities outside school grounds.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

<b>Accident and/or Emergency Consent Form</b> The staff of St. Mary's N.S. Cobh may act on my behalf in case of emergency or accident and may take such action as may be necessary for the benefit of my child.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

<b>Permission to Be Photographed or Video Recorded</b> My child may be photographed or video recorded during school activities. <i>(Photographs/videos may be used for displays in School, in local and national publications and on school website.)</i>	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

<b>Permission to Participate In Food Tasting</b> My child may be given food samples to taste as part of a lesson activity. <i>(It is the responsibility of parents to notify school of food allergies)</i>	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

<b>Permission for Withdrawal from Class</b> My child may be withdrawn from class in a group or individually for learning or supplementary teaching support and assessment.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

<b>Permission to Consult outside Agencies</b> The teaching staff and school authorities may consult with outside agencies, if required, on behalf of my child. <i>(Parents/Guardians will be notified.)</i>	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Signed : \_\_\_\_\_ (Parent/Guardian)      Date : \_\_\_\_\_

Signed : \_\_\_\_\_ (Parent/Guardian)      Date : \_\_\_\_\_

Religion, ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil's parent/guardian to identify their child's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills.

**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"/>	Any other White Background	<input type="checkbox"/>	Irish Traveller	<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 (inc. mixed background)	<input type="checkbox"/>	<b>NO CONSENT</b>	<input type="checkbox"/>

**What is your child's religion?**

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

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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 : \_\_\_\_\_ (Parent/Guardian)                      Date : \_\_\_\_\_

Signed : \_\_\_\_\_ (Parent/Guardian)                      Date : \_\_\_\_\_