

# Scoil Íosagáin Upperchurch



*Each person through positive learning experiences will be stimulated to achieve his/her full potential, face life confidently, find fulfilment and be respectful in an ever-changing world.*

## APPLICATION FOR ADMISSION 2018- 2019

Any information given on this form will be treated with the strictest confidence and only used for the benefit of your child. **CLOSING DATE: Friday February 23<sup>rd</sup> 2018**

The Department of Education and Skills has developed an electronic database of primary school pupils called the Primary Online Database (POD) which involves schools maintaining and returning data on pupils to the Dept at individual pupil level on a live system. This information will be used to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns for grant payment and teacher allocation purposes, to follow up on pupils who do not make the transfer from primary to post primary level and for statistical reporting. The database will hold data on all primary school pupils. The database will also contain, **on an optional basis**, information on the pupil's religion and on their ethnic or cultural background. The data required for POD is marked with an **asterisk\*** and will only be uploaded to POD if **your child is enrolled**. All other data we need for the efficient running of the school. **In order to assist with the gathering of data please complete the form in CAPITAL LETTERS and return to the school. This form will be retained by the school.**

### Student Information

\*Pupil First Name: \_\_\_\_\_ \*Pupil Surname \_\_\_\_\_

\*Pupil First Name: \_\_\_\_\_ \*Pupil Surname: \_\_\_\_\_  
In Irish (if known) In Irish (if known)

\* Pupil address: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ Please attach original birth certificate (will be returned)

\*PPS No.: \_\_\_\_\_ Place of Baptism (if applicable): \_\_\_\_\_

\*Gender: \_\_\_\_\_ \*Nationality: \_\_\_\_\_ \*Religion: \_\_\_\_\_

Do you consent to uploading data relating to religion on POD?

Yes	No
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\*Ethnicity/Nationality? \_\_\_\_\_

Do you consent to uploading data relating to ethnicity on POD?

Yes	No
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Name and address of pre-school or previous school attended: \_\_\_\_\_

Name and class of siblings already in the school: \_\_\_\_\_

Chairperson: P.J. Harrington  
Principal: Alma Quinn, B.Ed.  
Deputy Principal: Mary Corcoran, B.Ed.



Scoil Íosagáin Upperchurch N.S  
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Number of Children in the Family: \_\_\_\_\_

(a) **PARENTS/GUARDIANS:** The following information is needed for registration purposes.

Name: _____	Name: _____
Occupation: _____	Occupation: _____
Nationality: _____	Nationality: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Mobile Phone: _____	Mobile Phone: _____
Address: _____ _____	Address: _____ _____
Eircode: _____	Eircode: _____
Mobile No. to be used by School for "Text a Parent" service: _____	
Distance in kilometres from School: _____	

## Alternative Contacts

1<sup>st</sup> contact person if parent not available: Name: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

2<sup>nd</sup> contact person if parent not available: Name: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

In the case of none of the above being contactable, do we have permission to take your child to the Doctor or Hospital in case of an Emergency

Yes

No

Name of persons who have permission to collect your child after school:

\_\_\_\_\_  
\_\_\_\_\_

(Please note that for any arrangements other than the above, a note signed by you must be provided on the day)

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## Medical Information

Name and phone no. of Family Doctor: \_\_\_\_\_

Has your child ever been referred to a specialist by your doctor?

Yes

No

If yes please give brief details of referral: \_\_\_\_\_

\_\_\_\_\_

Please give details of any medical conditions of which the school should be aware (eg. Asthma, Epilepsy, Diabetes etc...)

\_\_\_\_\_

Has your child any allergies:

Yes

No

If yes please give details: \_\_\_\_\_

\_\_\_\_\_

Has your child ever attended:

Educational/Clinical  
Psychologist:

Yes

No

Speech/Language  
Therapist:

Yes

No

Occupational Therapist

Yes

No

Have any professional assessments/reports/recommendations been furnished on your child in any of the following areas:

Hearing:

Yes

No

Eyesight:

Yes

No

Speech/Language:

Yes

No

Psychological Report:

Yes

No

Occupational Therapy Report:

Yes

No

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

\_\_\_\_\_

**PLEASE ATTACH A COPY OF ALL ASSESSMENTS, PROFESSIONAL REPORTS OR RECOMMENDATIONS  
REGARDING THE ABOVE INFORMATION**

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Do you give permission for the Class Teacher/Member of the Support Team, to administer school-based tests/assessments to your child in order to monitor their progress and cater for their needs?

Yes  No

Sometimes photographers visit our school to take pictures of the children e.g. awards/prizes, sporting events, first day at school etc. Do you give permission for your child to be photographed for school projects, local newspapers, and school related activities?

Yes  No

Do you give permission to Scoil Íosagáin to use photographic images of your child for display in Church during preparation for First Holy Communion and Confirmation and in any other relevant publications eg. Local press, the school bulletin etc.

Yes  No

The Board of Management cannot be held responsible for pictures/videos taken by parents during school events.

Do you give permission for your child's photo to be used on the school website?

Yes  No

Do you give permission for your child to take part in the Stay Safe Child Protection Education Programme?  
(for more information - [http://www.staysafe.ie/parent\\_guide.htm](http://www.staysafe.ie/parent_guide.htm))

Yes  No

Do you give permission for your child to take part in the R.S.E (Relationships and Sexuality Education) Programme?  
(See information sheet enclosed)

Yes  No

If a toileting accident occurs, do you give permission to staff members of Scoil Íosagáin to assist your child?

Yes  No

Do we have permission to administer minor First Aid ie. Dress/Treat superficial wounds?

Yes  No

When taking part in school activities, do you give permission to staff members of Scoil Íosagáin to assist your child should they need help changing their clothes in Communal areas such as GAA dressing rooms, the hall, swimming pool changing areas etc...?

Yes  No

Does any Court Order relevant to the custody/guardianship of the child exist?

Yes  No

If yes please give details: \_\_\_\_\_



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While the information provided will generally be treated as private to Upperchurch 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 transfer your personal data on a private basis to other bodies (including the Department of Education & Skills, the Department of Social protection, the Health Service Executive, Tusla (CFA), Social Workers or Medical Practitioners, the National Educational Welfare Board, the National Council for Special Education, the Special Education Needs Organiser, CAMHS (Child and Adolescent Mental Health Services), 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 same.

Children enrolled in Scoil Íosagáin are required to co-operate with and support the school's Code of Behaviour as well as all other policies. Parents/Guardians are responsible for ensuring that their child(ren) co-operate with these policies in an age appropriate way.

The information I have given in this form is accurate.

Yes

No

We will co-operate with the School Staff and support the ethos of the school.

Parent/s signature: \_\_\_\_\_  
\_\_\_\_\_

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

IF ANY OF THE DETAILS IN THIS FORM CHANGE - FOR EXAMPLE, ADDRESS, PHONE NUMBERS, ALTERNATIVE CONTACT DETAILS ETC. PLEASE INFORM THE SCHOOL AT THE EARLIEST OPPORTUNITY.

PLEASE DON'T FORGET TO ATTACH A COPY OF ALL ASSESSMENTS RELATING TO YOUR CHILD'S DEVELOPMENT AND/OR NEEDS AND AN ORIGINAL BIRTH CERTIFICATE

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