Passport photo of child <i>Screen,</i> Telephone: 0539137142 E-mail: screen.ns@gmail.co	National SchoolEnniscorthy, Co. Wexford.Roll No: 18839MFax: 0539137749omweb-site: www.screenns.ieATION FORM
Name of Pupil	P. P. S. No
Date of Birth	Male Female
Nationality of Child	
Address	
Home Telephone Number	
Class in which child will be enrolled	Date child will first attend:
Age of child on first day in Screen N.S.: Years	Months
Former School	Class
Father's Name	Mother's Name
	Maiden Name
Father's Nationality	Mother's Nationality
Address	Address
(If different from pupil's)	(If different from pupil's)
Occupation	Occupation
Mobile No:Work	Mobile No:Work
If other members of the family already attend Screen N	S. please state:
Name	Class
Please attach Copy of Child's Birth Certificate Baptised Yes () No ()	Separated () Widowed () Other () e as per Department of Education & Science Ruling If Yes, Copy of Baptismal Form
For Office Use: Date of Entry	Registration No.
Ainm as Gaeilge	

CONTACT NUMBERS

We make every effort to ensure the safety of your child; we may need to contact you in the event of an accident or an unexpected closing.

TEXTAPARENT: Screen N.S. contacts parents / guardians of our pupils by text message.

(1)	Name			Relationshi	p to child	
	Address					
	Phone Numbers					
(2)	Name			Relationshi	p to child	
	Address					
	Phone Numbers					
3)	Name			Relationship	o to child	
	Address:					
	Phone Numbers					
(4)	Name			Relationshi	ip to child	
	Address					
	Phone Numbers					
Shou	ıld anv of these nı	ımbers ch	nange while vo	ur child is atten	ding this school p	lease inform us immediately.
	•					to the School to bring your
			or/hospital?			
		Yes:		No:		
Signe	ed:				Date:	
			Please make t	he above arran	gements clear to	your child.
F	amily Doctor:			F	Phone No:	
F	amily Dentist:			I	Phone No:	
		Medi	cal Card Holde	r: Yes ()	No ()	

EDUCATIONAL SCREENING TESTS

During your child's time in Screen N.S. he/she will undergo various Educational Screening Tests.

PERMISSION SLIP

Should my child require educational screening testing during his/her time in Screen N.S. I give permission for these tests to be carried out.

		Dated:
-	Parent/Guardian	
Signed:		Dated:
	Parent/Guardian	
	DISCIPLINE / PROTOCOL	FOR CHALLENGING CHILDREN:
Chil	d's Name:	
carry out this poli	cy in the interest and the welfare of the	chool's website, and I undertake to support, co-operate and whole school community. My child will wear the school undertake to change the details on this form if and when the
Signed		Dated:
Signed	Parent/Guardian	Dated
Signed:	Parent/Guardian	Dated:
υ	$\mathbf{D}_{\mathbf{r}} = \mathbf{r} \cdot \mathbf{r} \cdot \mathbf{r}$	
	Parent/Guardian	
		<u>Contract</u>
Pupil's Name:	<u>PAYMENT</u> there will be certain costs relating to my	<u>CONTRACT</u>
Pupil's Name: I understand that t These materials w	PAYMENT there will be certain costs relating to my vill be mainly in the area of books, book	Class:
Pupil's Name: I understand that These materials w I agree to pay thes	<u>PAYMENT</u> there will be certain costs relating to my will be mainly in the area of books, book se costs:	Class:
Pupil's Name: I understand that These materials w I agree to pay thes	PAYMENT there will be certain costs relating to my vill be mainly in the area of books, book	Class:
Pupil's Name: I understand that t These materials w I agree to pay the Signed:	<u>PAYMENT</u> there will be certain costs relating to my will be mainly in the area of books, book se costs:	CONTRACT

INTERNET PERMISSION:

I agree to accept the Expected Use Policy of Screen N.S. (available on request) and grant permission for my child to access the Internet. I understand that school internet usage is for education purposes only and that every reasonable precaution will be taken by the school to provide for online safety. I accept my own responsibility for the education of my child on issues of Internet Responsibility and Safety. I understand that having adhered to all the enclosed precautions of the policy, the school cannot be held responsible if my child tries to access unsuitable material.

Parents / Guardians

Signature: _____

Parents / Guardians

Date: _____

.....

PHOTOGRAPHS OF STUDENTS:

The school maintains a database of photographs of school events held over years. It has become customary to take photos 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 may be published on our school website, blog and Twitter, brochures, yearbooks, newsletters, local and national newspapers and similar school-related productions. In the case of website/Internet based photographs, student names will not appear as a caption to the picture. If you or your child wish to have his/her photograph removed from the school website, brochure, yearbooks, newsletters etc. at any time, you should write to the school principal.

Consent:

If you are happy to have your child's photograph taken as part of school activities and included in all such records, tick here

Signature: ______ Parents / Guardians

Signature: _____ Parents / Guardians

Date:

STAY SAFE PROGRAMME / RSE PROGRAMME:

I understand that participation in the Stay Safe Programme is compulsory and accept my child's participation in the Stay Safe / RSE Programmes (Relationships and Sexuality Education: 4th, 5th and 6th class)

Signature:

Parents / Guardians

Date: _____

Signature: ____

_____ Parents / Guardians

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<u>CHILD PROFILE</u> (For school records only)

unity			
Child's Name:			
Is your child living with (circle appropriate):	Both Pa	arents	One Parent
	Grandparents	Carers	Other
ho are the legal guardians of your child?			
there is any relevant legal documentation we show	uld have please giv	ve details and su	upply a copy e.g.
uardianship, Access etc			
edical/Educational:			
edical conditions we should know about : - Ple	ase tick.		
Speech [] Hearing [] Sight [] or other	her difficulties []	
Medical Conditions – Asthma [] Epilepsy	[] Heart Condit	ions [] Dia	ibetes [] Other []
Allergies – Wasp Stings [] Food [] Othe	er allergies: [] c	letails:	
Laterality - Right Handed [] Left Handed	[] Mixed []	
considered to affect the child's ability to b	enefit from schoo	ol. If there are	
Does your child require regular medication?	Yes	5 [] No [
			-
	Child's Name:	Child's Name:	Child's Name:

9. Did your child attend playschool and/or crèche? Yes	No 🗖
Name of Playschool:	Dates:
Name of Crèche	Dates:
10. Are there any issues you think the school may need to know	v about?
11. Does your child have any special educational, physical, emo	otional, language etc. needs?
12. Has your child ever been assessed for any reason? Yes	□ No □
13. If yes, are reports available? Yes \Box No \Box	
12 Has there have one maior torum in some shild's life 9	
13. Has there been any major trauma in your child's life?	

14. The Department of Education's Primary Online Database:

The database will hold data on all primary school pupils including their PPSN, First Name, Surname, Name as per Birth Certificate, Mother's Maiden Name, Address, Date of Birth, Gender, Nationality, whether one of the pupil's mother tongues is English or Irish, whether the pupil is in receipt of an Exemption from Irish and if so the reason for same, whether the pupil is in receipt of Learning Support and if so the type of learning support, whether the pupil is in a Mainstream or Special Class. The database will record the class grouping and standard the pupil is enrolled in. The database will also contain, on an optional basis, information on the pupil's religion and on their ethnic or cultural background.

To which ethnic or cultural background group does your child belong (please tick one)

White Irish	Irish Traveller	Roma	A	Any other White Background		Black African		Any other Black Background	
Chinese	Any other Asian	backgrour	nd	Other (inc. mixed backgrou	uno	d) 🗌 No Conse	ent		

What is your child's Religion:

Roman Catholic	Church of Ireland (ind	cl. Protestant)	Presbyterian	Methodist, W	'esleyan	Jewish	Muslim (Islamic)
Orthodox (Greek,	Coptic, Russian)	postolic or Pente	ecostal Hind	u Buddhist	Jehovah'	s Witness	Lutheran
Atheist Baptist	Agnostic Other	Religions No	Religion 🗌 No	o Consent			

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:		Dated:
-	Parent/Guardian	
Signed:		Dated:
	Parent/Guardian	

Data Protection Statement

Personal Data on this Form:

Screen N.S. is a data controller under the Data Protection Acts, 1988 and 2003. The personal data supplied on this Enrolment 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
- school administration
- child welfare (including medical welfare)
- and to fulfil our other legal obligations.

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 for such the purposes as:

- 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: Screen N.S. reserves the right to contact you in case of an emergency relating to your child, regardless of whether you have given your consent.

While the information provided will generally be treated as private to *Screen 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 on a private basis 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: A copy of the full Data Protection Policy is available in the office on request. By signing this Enrolment Form (pg.6) you are consenting to your data/your child's data being collected, processed and used in accordance with this Data Protection Policy during the course of their time as a student in the school.