

Please attach
Passport
photo of child

Scoil Náisiúnta na Scríne

Screen, Enniscorthy, Co. Wexford.

Telephone: 0539137142 Roll No: 18839M Fax: 0539137749

E-mail: screen.ns@gmail.com

web-site: www.screenns.ie

APPLICATION FORM

Name of Pupil _____ P. P. S. No. _____

Date of Birth _____ Male ☐ Female ☐

Nationality of Child _____

Address _____

Eircode: _____

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 _____

Father's Nationality _____

Address _____

(If different from pupil's)

Occupation _____

Mobile No: _____ Work _____

Mother's Name _____

Maiden Name _____

Mother's Nationality _____

Address _____

(If different from pupil's)

Occupation _____

Mobile No: _____ Work _____

If other members of the family already attend Screen N.S. please state:

Name _____

Class _____

Status: Married () Single () Separated () Widowed () Other ()

Please attach Copy of Child's Birth Certificate ☐ as per Department of Education & Science Ruling

Baptised Yes () No () If Yes, Copy of Baptismal Form ☐

For Office Use: Date of Entry _____

Registration No. _____

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.

Please include your preferred number for receiving text messages here: _____

Alternative Contact Numbers (not your own number): Please let us know if this person is a relation, minder, friend of family etc.

(1) Name _____ Relationship to child _____

Address _____

Phone Numbers _____

(2) Name _____ Relationship to child _____

Address _____

Phone Numbers _____

3) Name _____ Relationship to child _____

Address: _____

Phone Numbers _____

(4) Name _____ Relationship to child _____

Address _____

Phone Numbers _____

Should any of these numbers change while your child is attending this school please inform us immediately.

In the event of an emergency, should we fail to contact you, do you give permission to the School to bring your child to doctor/hospital?

Yes: ☐

No: ☐

Signed: _____ Date: _____

Please make the above arrangements clear to your child.

Family Doctor: _____ Phone No: _____

Family Dentist: _____ Phone No: _____

Medical Card Holder: Yes () No ()

EDUCATIONAL SCREENING TESTS & LEARNING SUPPORT

During your child's time in Screen N.S. he/she will undergo various Educational Screening Tests. From time totime the option for extra learning support may be available.

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. I also consent to my child receiving learning support should the need and opportunity arise.

Signed: _____ Dated: _____
Parent/Guardian

Signed: _____ Dated: _____
Parent/Guardian

DISCIPLINE / PROTOCOL FOR CHALLENGING CHILDREN:

Child's Name: _____

I have read the Code of Behaviour of Screen N.S. on the school's website, and I undertake to support, co-operate and carry out this policy in the interest and the welfare of the whole school community. My child will wear the school uniform during school and at all school events. I further undertake to change the details on this form if and when the need arises.

Signed: _____ Dated: _____
Parent/Guardian

Signed: _____ Dated: _____
Parent/Guardian

PAYMENT CONTRACT

Pupil's Name: _____ Class: _____

I understand that there will be certain costs relating to my child's education in Screen National School. These materials will be mainly in the area of books, book rental, educational equipment and materials.

I agree to pay these costs:

Signed: _____ Dated: _____
Parent/Guardian

Signed: _____ Dated: _____
Parent/Guardian

INTERNET PERMISSION:

I agree to accept the Acceptable 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.

Signature: _____
Parents / Guardians

Signature: _____
Parents / Guardians

Date: _____

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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 social media platforms, 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, social media platforms, 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

Signature: _____
Parents / Guardians

Date: _____

EXTRA CURRICULAR ACTIVITIES

Please tick the box if you consent

☐ I give permission for my child _____ to attend school tours, field trips, local education visits etc.

☐ I give permission for my child _____ to take part in school activities: matches, quizzes etc.

Signature: _____
Parents / Guardians

Signature: _____
Parents / Guardians

Date: _____

EMAIL LIST

As a Green School we use electronic communication. Please supply at least one parent's address

Email address: _____

CHILD PROFILE
(For school records only)

Family

Child's Name: _____

Is your child living with (**circle appropriate**):

Both Parents

One Parent

Grandparents

Carers

Other

Who are the legal guardians of your child? _____

If there is any relevant legal documentation we should have please give details and supply a copy e.g.

Guardianship, Access etc. _____

Medical/Educational:

Medical conditions we should know about : - Please tick.

1. Speech [] Hearing [] Sight [] or other difficulties []

2. Medical Conditions – Asthma [] Epilepsy [] Heart Conditions [] Diabetes [] Other []

3. Allergies – Wasp Stings [] Food [] Other allergies: [] details: _____

4. Emotional Problems [] details _____

5. Laterality - Right Handed [] Left Handed [] Mixed []

6. **Additional Information** – Please give details and specify any condition not listed above which might be considered to affect the child's ability to benefit from school. If there are any medical reports in relation to any of the above, could we please have a copy of same?

7. Does your child require regular medication? Yes [] No []

8. Does your child show any behaviour challenges? _____

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 about? _____

11. Does your child have any special educational, physical, emotional, language etc. needs? _____

12. Has your child ever been assessed for any reason? Yes ☐ No ☐

13. If yes, are reports available? Yes ☐ No ☐

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 ☐ Any other White Background ☐ Black African ☐ Any other Black Background ☐
Chinese ☐ Any other Asian background ☐ Other (inc. mixed background) ☐ No Consent ☐

What is your child's Religion:

Roman Catholic ☐ Church of Ireland (incl. Protestant) ☐ Presbyterian ☐ Methodist, Wesleyan ☐ Jewish ☐ Muslim (Islamic) ☐
Orthodox (Greek, Coptic, Russian) ☐ Apostolic or Pentecostal ☐ Hindu ☐ Buddhist ☐ Jehovah's Witness ☐ Lutheran ☐
Atheist ☐ Baptist ☐ Agnostic ☐ Other Religions ☐ No Religion ☐ No 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 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.

Enrolment Form for Early Intervention Class

Name of Child: _____ Date of Birth: _____

Nationality: _____ PPS Number: _____

Address: _____

Telephone Number(s): Home: _____ Mobile: _____

Mother's Name: _____ Email: _____

Father's Name: _____ Email: _____

Assessed by: _____ Date of Assessment: _____

Diagnosis*: _____

Recommendations**: _____

Parent/Guardian's Signature(s): _____

Date of Application: _____

Please note incomplete forms cannot be accepted.

**A report with a diagnosis of ASD using DSM V must accompany this enrolment form. **A recommendation that the child attend an ASD class attached to a mainstream school is required prior to enrolment into Screen National School.*

These criteria are set out in the Admissions Policy which can be found on the school website : screens.ie

The Board of Management reserves the right to refuse admission.

For school use only: Date application was received: _____