

## Kiltiernan National School ENROLMENT FORM

<b>Child's first name:</b>		<b>Surname:</b>	
<b>Date of birth:</b> <small>Please enclose a copy of your child's Birth Certificate if enrolling for the first time</small>		<b>Child's PPS Number:</b>	
<b>Irish version of your child's name:</b>			
<b>Religious Denomination:</b>		<b>Date &amp; place of Baptism:</b>	
<b>Any previous school/pre-school attended?</b>			
<b>Mother's name:</b>  <b>Mothers maiden name: Required by POD)</b>	<b>Address:</b>  <b>Eircode</b>		<b>Occupation:</b>
<b>Father's name:</b>	<b>Address:</b>  <b>Eircode</b>		<b>Occupation:</b>
<b>Contact Numbers &amp; Email</b>	<b>Email Address</b>		<b>Phone No.</b>
<b>Details of Persons to be contacted if child is ill</b>	1. _____ 2. _____ 3. _____		
<b>In the event of an emergency, should we fail to contact you, do you give permission to the school to bring your school to the hospital/doctor?</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <span>Yes: <input type="checkbox"/></span> <span>No: <input type="checkbox"/></span> </div>			
<b>Name of Family GP:</b>		<b>Phone No:</b>	
<b>Does any Legal Order under Family Law exist that the School should be aware of?</b>			
<b>Is there medical information (including any allergies) that the School should be aware of?</b>			
<b>Should any of the above information/contact numbers change, please inform the school immediately.</b>			
<b>Signed:</b> _____ <b>Parent/Guardian</b>		<b>Date:</b> _____	
<b>Signed:</b> _____ <b>Parent/Guardian</b>		<b>Date:</b> _____	

**PUPIL INFORMATION AS REQUIRED BY DEPARTMENT OF EDUCATION AND SKILLS PRIMARY ONLINE DATABASE**

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. Both religion and 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. All other information held on POD was deemed by the Data Protection Commissioner as non-sensitive personal data.

Please complete this form and return it to your primary school. For further information on POD, please go to the Department of Education and Skills website, [www.education.ie](http://www.education.ie)

**To which ethnic or cultural background group does your child belong to? (Please tick one)**

(Categories are taken from the Census of Population)

White Irish	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>	Roma	<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"/>	Other (inc. mixed backgrounds)	<input type="checkbox"/>

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

Roman Catholic	<input type="checkbox"/>	Presbyterian	<input type="checkbox"/>	Church of Ireland (inc. Protestant)	<input type="checkbox"/>
Methodist, Wesleyan Orthodox (Greek, Coptic, Russian)	<input type="checkbox"/>	Apostolic or Pentecostal	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Muslim (Islamic)	<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 Religions	<input type="checkbox"/>
No Religion	<input type="checkbox"/>	No Consent	<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:** \_\_\_\_\_ **(Parent/Guardian) Date:** \_\_\_\_\_

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

**OTHER INFORMATION**

**Does your child suffer from any health problems? (Allergies, epilepsy, breathing, hearing, speech, fainting problems)**

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**Does your child have any special/educational needs?**

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**Is there any other relevant information which will help us to enhance your child's school environment?**

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I am aware that all school policies are on the Kiltiernan National School website, [www.kiltiernanschool.ie](http://www.kiltiernanschool.ie) and that this information is available in hard copy format from the School on request.

I will co-operate with the staff in the implementation of school policies and will support the ethos of Kiltiernan National School.

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

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

**PLEASE COMPLETE THIS FORM TO HELP YOUR CHILD'S CLASS TEACHER GET TO KNOW YOUR CHILD BETTER**

Child's name:

D.O.B:

Name of Class Teacher:

**My child is good at:**

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**My child needs help with:**

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**My child enjoys:**

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**Academically, this year I would like to see my child work at:**

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**Socially, this year I would like to see my child work at:**

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

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

**PLEASE TICK THE APPROPRIATE BOX IN THE FOLLOWING APPENDICES (1-6) AND RETURN THIS TO KILTIERNAN NATIONAL SCHOOL**

**Appendix 1: Diagnostic/Educational Tests**

During your child's time in our School, he/she will undergo various diagnostic/educational tests. Your consent is necessary to carry out these tests.

**I wish** my child/children, \_\_\_\_\_ to undergo diagnostic/education tests at Kiltiernan National School.

Yes:

**I do not wish** my child/children, \_\_\_\_\_ to undergo diagnostic/education tests at Kiltiernan National School.

No:

**Appendix 2: Discipline/Bullying Policy**

We, the parents/guardians of (names of child/children) \_\_\_\_\_ have received, read and understand the Codes of Discipline/Bullying for Kiltiernan National School. We agree to abide by this Code and will work in co-operation with the staff to ensure our child understands and keeps the Code.

**Appendix 3: Religious Instruction**

Kiltiernan National School is a Catholic school, whose plan is underpinned by its Catholic ethos. Our aim is to provide a safe, happy learning environment where children's emotional, psychological, physical and moral development is catered for in addition to their academic progress. The School promotes, and expects from its pupils, a tolerance of different religious beliefs, and of those with no religious beliefs.

**I wish** for my child/children, \_\_\_\_\_ to be instructed in the Catholic faith. I understand that Kiltiernan National School is a Catholic school and wish my child to be taught in the Catholic faith.

**I do not wish** for my child/children, \_\_\_\_\_ to be instructed in the Catholic faith. **However**, given the lack of super visual resources in a school our size, I understand it will not be possible for my child/children to be outside the classroom during these lessons.

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

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

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**Appendix 4: Personal Information/Data**

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I **consent** to allow the School to provide relevant data (name, age, address) so that my child/children can avail of services from outside agencies, i.e. HSE (immunization, dental check, vision and hearing tests, etc.), Patron of the School (Sacramental preparation), local secondary schools (psychological reports, test reports, etc.), local sports clubs (registration for teams, Community Games, etc.)

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

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

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**Appendix 6: Photography**

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I **consent** for my child/children \_\_\_\_\_ to be photographed or filmed for use in displays within the school and /or on our website or other publications.

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

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

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**Appendix 7: IT Policy**

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

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

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**Appendix 8: Consent for use of online/interactive platforms for distance Learning/Assessment**

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I **consent** for my child/children to the use of online/interactive platforms such as Zoom, Seesaw or any other suitable educational platform for distance learning being used by Kiltiernan National School.

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

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

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**Appendix 9: Consent for teacher to take child's temperature**

In the event that a child becomes unwell at school, we request your permission to take your child's temperature as part of an assessment before contacting you. Discretion and confidentiality assured.

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

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

**This Application will be processed in line with Kiltiernan National School Enrolment Policy.**