



St. Attracta's National School

Charlestown, Co. Mayo, F12 T440, Ireland

Mol an óige agus tíoctaidh sí

St. Attracta's NS Enrolment Form 2024-25

CHILD'S PERSONAL DETAILS

NAME OF CHILD (IN FULL, AS ON BIRTH CERTIFICATE) _____

DATE OF BIRTH: ____/____/____ PPS No.: _____

ADDRESS AT WHICH CHILD _____

RESIDES: _____

NATIONALITY _____ COUNTRY OF BIRTH _____

IF NOT BORN IN IRELAND, DATE ON WHICH CHILD ARRIVED IN IRELAND: _____

MOTHER'S NATIONALITY: _____ FATHER'S NATIONALITY: _____

ENGLISH SPOKEN? (CHILD): YES/NO ENGLISH SPOKEN? (PARENT) YES/NO

CHILD'S FIRST LANGUAGE: _____ RELIGION: _____

CHILD'S SECOND LANGUAGE: _____ MEDICAL CARD: Y / N No. _____

CONTACT DETAILS - Please fill as appropriate

*We ask for a number of contact details, so that in the very unlikely event of an emergency, we can contact you quickly. Please note also, if you change your contact details during the school year, please inform us immediately as it is vital to keep records up to date in case of an emergency.

FATHER'S NAME _____

EMPLOYMENT: _____

WORK TELEPHONE _____

MOBILE NO: _____

HOME TELEPHONE _____

EMAIL: _____

MOTHER'S NAME _____

EMPLOYMENT: _____

MAIDEN NAME _____

MOBILE NO: _____

HOME TELEPHONE _____

EMAIL: _____

GUARDIAN'S NAME _____

MOBILE NO: _____

HOME TELEPHONE _____

EMAIL: _____



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FAMILY/RELIGIOUS DENOMINATION

POSITION OF CHILD IN FAMILY (1ST, 2ND, 3RD, ETC): _____

NUMBER OF CHILDREN IN THE FAMILY: _____

BROTHER/SISTER CURRENTLY IN ST. ATTRACTA'S: YES/NO CLASS: _____

IS THE CHILD LIVING WITH BOTH PARENTS: YES/NO

IF NO, WHO DOES CHILD NORMALLY RESIDE WITH? _____

PARENTS' MARITAL STATUS: _____

IF CATHOLIC, WHERE WAS YOUR CHILD BAPTISED? _____ DATE OF BAPTISM: _____

SCHOOL EDUCATIONAL DETAILS

DID YOUR CHILD ATTEND PRESCHOOL: YES/NO NAME AND ADDRESS OF PRESCHOOL: _____

FOR HOW LONG: _____

AT WHAT AGE DID YOUR CHILD BEGIN TO SPEAK: _____ DOES YOUR CHILD SPEAK WELL? YES/NO

HAS YOUR CHILD HAD ANY SPEECH DIFFICULTIES? YES/NO IF YES, PLEASE GIVE DETAILS? _____

HAS YOUR CHILD EVER RECEIVED A SPEECH AND LANGUAGE REPORT? YES/NO IF YES, PLEASE GIVE DETAILS? _____

HAS YOUR CHILD EVER HAD A PSYCHOLOGICAL ASSESSMENT? YES/NO IF YES, PLEASE GIVE DETAILS? _____

PREVIOUS SCHOOL AND CLASS DETAILS _____

REASON FOR TRANSFER: _____

INCOMING CLASS –
WHAT CLASS DO YOU WISH TO ENROL YOUR CHILD IN? _____



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COLLECTION AFTER SCHOOL – SCHOOL HOURS

INFANT DAY- JUNIOR AND SENIOR INFANTS	1ST CLASS TO 6TH CLASS
9.15 AM TO 1.55 PM	9.15 AM TO 2.55 PM.

- Please give names, addresses and phone numbers of the people who have permission to collect your child from school. **If there is any change in this routine, please inform the school in writing.**
- The BOM does not take responsibility for children out of school hours.
- Parents who wish to have their children escorted home should make their own arrangements.

PERSONS WHO MAY COLLECT CHILD(REN)

NAMED PERSON WHO USUALLY COLLECTS CHILD(REN) CONTACT No.

1 _____

2 _____

3 _____

SCHOOL EMERGENCIES/SICKNESS/UNEXPECTED CLOSURES, ETC.

In the case of necessary or emergency collection please nominate two contacts to collect your child:

Please write 'same as above' if it is the same person.

PERSON THE SCHOOL WILL CONTACT:

CONTACT 1 _____	CONTACT 2 _____
MOBILE No. _____	MOBILE No. _____
WORK No. _____	WORK No. _____
ADDRESS: _____	ADDRESS: _____
_____	_____
_____	_____



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MEDICAL HISTORY/EMERGENCY/ACCIDENT

That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

- i. I authorise that, at their discretion, a member of staff may bring my child/children to a Doctor/Hospital if an emergency arises.

FAMILY DOCTOR'S NAME _____ **TELEPHONE NO:** _____

- ii. Does your child/children have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school (please fill out school medical indemnity form).

- iii. It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies. Does your child/children have an allergic reaction to medication or food or does your child need to have medicine administered in school (please fill out school medical indemnity form).

- iv. Has your child had any educational or psychological assessments or other assessments of which we should be aware, or does your child have any Special Educational Needs?

- v. Is there any other relevant information about your child/children which we should know?



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CONSENT

- a) Assessment Tests are carried out in the school on all children from Infants to 6th Class. From time to time other assessments may be carried out as part of our commitment to school improvement. I give permission for any necessary assessment tests to be carried out with my child.
- b) During your child's time in St. Attracta's NS, it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.
- c) I give permission to allow my child to attend a Special Education Teacher/EAL if deemed necessary and/or to engage in focused extension work in groups.
- d) I consent to my child going on and participating in general school outings, events and tours.
- e) I give permission to allow my child's photograph/image/ work to be included in school-related activities, competitions, school website & school online media (please consult the school's Acceptable Use Policy: children's names and photos never appear together) etc.
- f) I give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE, school nurse, doctor, dentist, Presbytery, Secondary Schools, sporting events and school related activities etc.
- g) I agree to co-operate with the school Board of Management regarding all school policies (available on our school website: www.stattractasns.ie)

I wish to enrol my child _____ in St. Attracta's NS.

I declare the above information to be correct and I consent to all of the above and understand that it will be treated as confidential.

PARENT'S/GUARDIAN'S SIGNATURE: _____ DATE: _____

PARENT'S/GUARDIAN'S SIGNATURE: _____ DATE: _____

*Please ensure that you have included a **Birth Certificate** and PPS Number.*

PRINCIPAL'S SIGNATURE: _____ DATE: _____

We gather and process your child's personal data for the purposes of administering the education of your child. To facilitate this, we will input your child's data into the school's Management Information System which is a secure service application from where the data is only processed for the above purpose.

For Office Use Only:



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Pupil Information required for Department of Education and Skills Primary Online Database (POD)

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 sensitive personal data categories under Data Protection legislation. These questions are optional. While these questions are optional, the information would be very useful to the Department for statistical and research purposes. Aggregated information on Ethnic/Cultural background will be used to track the progress of these groups, and to compare their progress with other groups, thereby identifying gaps in the system and assisting in the development and implementation of appropriate policies and interventions. Enhanced capitation in respect of pupils who are members of the Traveller Community will be paid to schools on the basis of the answers to this question. Aggregated information on religion will be used for statistical purposes only. Parents/guardians are asked, if they wish to do so, to identify their children's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. This page of the form will be retained by your primary school.

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

(Categories based on the Census of Population)

White Irish	<input type="checkbox"/>
Roma	<input type="checkbox"/>
Black or Black Irish - African	<input type="checkbox"/>
Asian or Asian Irish - Chinese	<input type="checkbox"/>
Other (inc. mixed background)	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>
Black or Black Irish - Any other Black Background	<input type="checkbox"/>
Asian or Asian Irish - Any other Asian background	<input type="checkbox"/>
No consent	<input type="checkbox"/>

What is your child's religion? (Please tick one)

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

I consent for the sensitive personal data in the two questions above 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: _____