**Tralee Educate Together NS Pre Enrolment Form**

* + - * 1. **\*Please submit a copy of Birth Certificate**

*All information to be held in strictest confidence (Please see our Data Protection Policy for information on Data)*

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eircode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male□ Female□ **\***Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ PPSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year for which child is being pre-enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class for which child is being pre-enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling(s) attending this school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your child attend a preschool? Yes ⬜ No ⬜

Name of preschool: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I/We give permission to contact the preschool Yes ⬜ No ⬜

Previous school/s attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(if transferring from one school to another)*

Medical conditions/allergies the school should be aware of:

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

Name of Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any problems, concerns or special needs the school should be aware of?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Has your child ever had a psychological assessment/assessment of need?

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

Has your child ever had a speech and language assessment?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**{Please supply the school with copies of any reports of assessments}**

**Junior Infants must be four years of age on or before July 1st of the school year concerned.**

* + - 1. **PARENT/GUARDIAN INFORMATION** *(Please use Block Capitals)*

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile number(s) to be used for texts from school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency (accident, sickness etc.) occurring during school hours and we are unable to contact you, please give 2 other contact names and phone no's.

Name Phone Number

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person/s who has your consent to collect your child from school:

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

**TERMS AND CONDITIONS OF ENROLMENT**

* On receipt of completed Pre-enrolment Form, your child will be placed on a list.
* Allocation of places in school will be strictly in accordance with the school's enrolment policy.
* The receipt of a pre-enrolment form *does not* imply or guarantee that your child will be offered a place.
* It is your responsibility to inform the school of any change of address, telephone number or other relevant circumstances.
* The first-round offer of places will be made at the beginning of Term 3 of the school year preceding the school year for which your child is enrolled.
* Any attempt to deliberately mislead the school or deliberately withhold information deemed relevant, important or necessary to the application for a place may render the application null and void.

I have read and understand the above Terms and Conditions of Enrolment.

**Signature 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Consent**

**Please answer YES or NO to the following, sign and date**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **During the school year all classes participate in a variety of different activities outside the school premises.** **Do you give consent for your child to partake in swimming lessons/field trips/outings/tours/outdoor learning, etc.?** **Signature 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **YES** | **NO** |
| **2** | **Do you give consent for the staff of Tralee Educate Together NS to obtain professional medical aid for your child in the case of a medical emergency?** **Signature 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_****Signature 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **YES** | **NO** |
| **3** | **There are many forms to be filled in during the school year where the name of your child and/or date of birth/address/phone number is requested e.g., school dentist/nurse, etc.****Do you give consent to Tralee Educate Together NS to pass on this information?** **Signature 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_****Signature 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** | **YES** | **NO** |
| **4** | **Do you give consent for your child’s photograph to be published on the school website/Educate Together website/Facebook page? Your child's name will not be used.** **Signature 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **YES** | **NO** |
| **5** | **Do you give consent for inclusion of your child’s photograph in school calendar/local/national newspapers/magazines, etc? Your child's name will not be used.** **Signature 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **YES** | **NO** |

|  |  |  |  |
| --- | --- | --- | --- |
| **6** | **We acknowledge that we have read and accept the Child Safeguarding Statement, The Child Safeguarding Risk Assessment, Code of Behaviour and Anti-Bullying Policy. \*****Signature 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_****Signature 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_** | **Yes** | **No** |
| **7** | **We will support and co-operate with the staff of the school.** **Signature 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_****Signature 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_** | **Yes** | **No** |

**\*The Child Safeguarding Statement, Code of Behaviour and Anti-Bullying Policy are available on the school website: www.tralee-educate-together.com**

**The Child Safeguarding Risk Assessment is available in the school.**

**I/We agree to abide by school policies and will work in co-operation with the staff to ensure that our child understands and follows the school rules.**

**Signature 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Primary Online Database***

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 Department at individual pupil level on a live system. The database allows the Department 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 including their PPSN, First Name, Surname, Name as per Birth Certificate, Mother's Birth Surname, Address (including Eircode), 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, and 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.

**In order to assist with the gathering of data please complete this form in CAPITAL LETTERS and return to the school.**

**Junior Infants 🞏 Senior Infants 🞏 First Class 🞏 Second Class 🞏 Third Class 🞏 Fourth Class 🞏**

**Fifth Class 🞏 Sixth Class 🞏 Special Class 🞏**

**Pupil Forename: Pupil Surname:**

**PPSN of Pupil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Birth Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pupil’s Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pupil’s Gender: Male 🞏 Female 🞏**

**Birth Cert Forename (if different from name above) Birth Cert Surname (if different from name above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | */* |  |  |  |  |

**Pupil Address Eircode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County**

**Nationality (In the case of dual citizenship, please specify both nationalities)**

**What is your child’s religion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is one of the pupil’s mother tongues (i.e. language spoken at home) Irish or English?**

**Yes 🞏 No 🞏
To which ethnic or cultural background group does your child belong (please tick one)?**

**(Categories based on the Census of Population)**

 **White Irish 🞏 Irish Traveller 🞏 Roma 🞏**

**Any other White Background 🞏 Black or Black Irish - African 🞏**

**Black or Black Irish - Any other Black Background 🞏 Asian or Asian Irish – Chinese 🞏**

**Asian or Asian Irish - Any other Asian background 🞏 Other (Inc. mixed background) 🞏**

**No consent** **🞏**

**Do you consent to uploading data relating to ethnicity to POD? Yes 🞏 No 🞏**