

Gortnahoe N.S.

Gortnahoe,
Thurles,
Co. Tipperary

Telephone: 056- 8834390
Email: info@gortnahoes.ie
Web: www.gortnahoes.ie
Roll Number: 17580P



Principal: David O'Dwyer
Deputy Principal: Therese Meehan

Enrolment Form

Name of Pupil: _____ PPS. No. _____

Date Of Birth: _____ Male Female

Nationality of Child: _____ Religion: _____

Address: _____

Home Telephone Number: _____ Mobile: _____

E Mail Address _____

Class in which child will be enrolled: _____

Former School (if applicable): _____

Father's Name: _____ Address: _____ _____ (if different from Pupil's) Occupation: _____ Phone No. _____ Work No. _____	Mother's Name: _____ _____ Mother's Maiden Name: _____ Address: _____ _____ (if different from Pupil's) Occupation: _____ Phone No. _____ Work No. _____
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If other members of the family already attend Gortnahoe N.S.

Name: _____ Class: _____

_____ Class: _____

_____ Class: _____

Copy of Birth Certificate as per Department of Education & Skills Ruling

Baptised YES NO Copy of Baptismal Form YES NO

Status: Married Single Separated Widowed Other

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 – through Aladdin Texting System:

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

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

1 Name: _____ Relation to child _____ Contact No. _____

2 Name: _____ Relation to child _____ Contact No. _____

Should 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: _____

Family Dentist: _____

Medical Card Holder: YES

No

EDUCATIONAL SCREENING TESTS

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

PERMISSION SLIP

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

Signed: _____ Date: _____
Parent/Guardian Parent/Guardian

Signed: _____ Date: _____
Parent/Guardian Parent/Guardian

Please Refer to our school website and read the relevant policies and information about our school, before completing the enrolment form. If you require a hard copy of any policy, please request it from the office.

DISCIPLINE/PROTOCOL FOR CHALLENGING CHILDREN:

Child's Name: _____

I undertake to support, co-operate and carry out the school's Code of Behaviour in the interest of and the welfare of the whole school community. My child will wear the school uniform and the school tracksuit on the designated days. As per our Code of Behaviour my child will not have a distracting hairstyle e.g. (cut too tightly, lines etc.) and will not wear jewellery. I further undertake to change the details on this form if and when the need arises.

Signed: _____ Date: _____
Parent/Guardian Parent/Guardian

Signed: _____ Date: _____
Parent/Guardian Parent/Guardian

INTERNET PERMISSION

I have read the Internet Acceptable Use Policy on the website and grant permission for my child to access the internet. I understand that school internet usage is for educational purposes only and 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, the school cannot be held responsible if my child tries to access unsuitable material.

Signed: _____ Date: _____
Parent/Guardian Parent/Guardian

Signed: _____ Date: _____
Parent/Guardian Parent/Guardian

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 or in brochures, yearbooks, newsletters, local and national newspapers and similar school-related productions. In the case of website photographs, student names will not appear on the website as a caption to the picture. If you or your child wish to have his/her photograph removed from the school website, brochures, 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

Signed: _____ Date: _____
Parent/Guardian Parent/Guardian

Signed: _____ Date: _____
Parent/Guardian Parent/Guardian

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 & Walk Tall Programmes.

Signed: _____ Date: _____
Parent/Guardian Parent/Guardian

Signed: _____ Date: _____
Parent/Guardian Parent/Guardian

COMPETITIONS & TRIPS

Other various activities throughout the school year may require parental consent. The following are examples of long established activities and trips in our school. e.g. GAA competitions, Soccer Competitions, Credit Union Quiz & Art Competition, Parish Art Competition, School Tours, School/ Class Trips (Musical Shows, Grange etc.) Swimming, Cross Country Championships.

If you are happy to give your consent for your child to participate in the following activities over the course of their time in Gortnahoe please sign below.

Signed: _____ Date: _____
Parent/Guardian Parent/Guardian

Signed: _____ Date: _____
Parent/Guardian Parent/Guardian

If at any stage you have concerns over various activities or wish to withdraw your child from any activity, please do not hesitate to contact the school to arrange a meeting to discuss your concerns.

Personal Data on the Form:

Gortnahoe NS 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 and to send you emails for all the purposes of:

- 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 emergency.

Tick box if ‘yes’ you agree with these uses

Use your email address to alert you to these issues?

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: Gortnahoe NS 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 Gortnahoe 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.

Consent:

I consent to my child’s data being collected, processed and used in accordance with the Data Protection Policy during the course of their time as a student in this school.

Signed: _____ Date: _____
Parent/Guardian

Please note: A full copy of the Data Protection Policy is available on our school website www.gortnahoens.ie

INTERNATIONAL CHILDREN PROFILE

Child's Name: _____

1. Country of Origin _____

2. Year of arrival of child in Ireland _____

3. Other family members in Ireland _____

4. Has your child attended a playschool? YES NO
In Ireland? YES NO

5. Has your child attended any other school in Ireland? _____

EDUCATION IN OWN LANGUAGE:

6. Did your child attend school in country of origin? YES NO

7. If Yes, for how many years? _____

8. Language spoken at home _____

9. Does your child read in own language? YES NO

10. Does your child write in own language? YES NO

11. How well does your child speak/understand English? _____

12. Do you feel your child would benefit from extra English lessons? _____

IS THERE ANYTHING THAT WOULD HELP US WITH YOUR CHILD

13. Any other information that may be relevant/appropriate: _____

CHILD PROFILE
(for school records only)

Family

Child's Name: _____ Place in Family: _____

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, Barring Orders, 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 [] Details:

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? _____

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

If yes, are reports available? YES NO

13. Has there been any major trauma in your child's life? _____

Signed: _____ Date: _____
Parent/Guardian

Signed: _____ Date: _____
Parent/Guardian

