



St. Joseph's National School

Templerrainey, Arklow. Co. Wicklow

Telephone: 0402 32984 Roll No: 17181B

E-mail: info@iosaifns.com

web-site: www.iosef.ie

APPLICATION FOR ADMISSION TO ST. JOSEPH'S NS

Entry into: Junior Infants ☐ Other Mainstream Classes ☐ (Indicate class)
Special Class ☐

Name of Pupil _____ PPS. No. (must be included) _____

Date of Birth _____ Gender _____

Nationality of Child _____ Religion _____

Address _____

_____ Eircode (must be included) _____

Email (must be included) _____ Mobile (must be included) _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Address _____
(If different from pupil's)

Address _____
(If different from pupil's)

Occupation _____

Occupation _____

Mobile _____ Work _____

Mobile _____ Work _____

Mother's Maiden Name: _____

Current School/Preschool _____ Current Class _____

** I give permission for Mrs. Bailey (Principal) to discuss the needs of my child with the Principal of the current school / Manager of pre-school above noted. Yes () No ()

Are there any siblings currently in St. Joseph's NS Yes () No () If yes, please state below

Name _____ Class _____

This Application MUST be accompanied by your child's ORIGINAL birth certificate and a copy of a Utility Bill as confirmation of address. We also require a copy of any Assessments / Reports / Diagnosis. The School will make a copy of the document(s) submitted and will return all of the original documents.

Data Privacy Statement

The information provided on this form will be used by St. Joseph's NS to apply the selection criteria for enrolment in Junior Infants, and to allocate school places in accordance with the School's Admission Policy and the School's Annual Admission Notice.

Where a pupil is admitted to the school, the information will be retained on the pupil's file.

On acceptance of an offer of admission, this information will be entered in the School Administration System Aladdin and will be uploaded to the Primary Online Database. The Primary Online Database (POD) is a nationwide individualised database of primary school pupils, hosted by the Department of Education and Skills.

In the event of oversubscription, a waiting list of students whose applications for admission to St. Joseph's NS were unsuccessful due to the school being oversubscribed will be compiled, and will remain valid for the school year in which admission is being sought (See Section 13 – or relevant section – School Admission Policy).

Where a child's name is placed on a waiting list, and the child is not admitted to the school, the information provided on this form will be retained for the duration of the school year and will be securely destroyed thereafter.

Section 66(6) of the Education (Admission to Schools) Act 2018 allows for the sharing of certain information between schools in order to facilitate the efficient admission of students. The information which may be provided to a patron or another Board of Management for this purpose may include all or any of the following:

- (i) the date on which an application for admission was received by the school;
- (ii) the date on which an offer of admission was made by the school;
- (iii) the date on which an offer of admission was accepted by an applicant;
- (iv) a student's personal details including his or her name, address, date of birth and personal public service
- (v) number (within the meaning of section 262 of the Social Welfare Consolidation Act 2005).

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.

ALADDIN: St. Joseph's use Aladdin Connect to contacts parents / guardians of our pupils.

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 _____

Family Dentist _____

Medical Card Holder: Yes () No ()

EDUCATIONAL SCREENING TESTS

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

PERMISSION SLIP

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

Signed: _____ Dated: _____
Parent/Guardian

Signed: _____ Dated: _____
Parent/Guardian

EDUCATIONAL SUPPORT

During your child's time in St. Joseph's N.S. he/she may require additional Supplementary Support.

PERMISSION SLIP

Should my child require attendance at Supplementary Support classes in St. Joseph's Ns, I hereby give my permission for my child to attend these classes.

Signed: _____ Dated: _____
Parent/Guardian

Signed: _____ Dated: _____
Parent/Guardian

DISCIPLINE

Child's Name: _____

I undertake to support, co-operate and carry out St. Joseph's School Policy and Code of Good Practice in the interest of and the welfare of the whole school community.

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 St. Joseph's National School.

I agree to pay these costs: Signed: _____ Dated: _____
Parent/Guardian

Signed: _____ Dated: _____
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 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, the school cannot be held responsible if my child tries to access unsuitable material.

Signature: _____ Signature: _____
Parents / Guardians Parents / Guardians

Date: _____

.....

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, 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 ☐

Signed: _____
Parent/Guardian/Student

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.

Signature: _____ Signature: _____
Parents / Guardians Parents / Guardians

Date: _____

***** If you wish to withdraw consent at any time, please contact the school*****

Data Protection Statement

Personal Data on this Form:

St. Joseph's NS is a data controller under the Data Protection Acts, 1988 – 2018 and EU GDPR. 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 an 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: St. Joseph's 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 St. Joseph's NS and will be collected and used in compliance with the Data Protection Acts 1988 -2018 and EU GDPR, 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.

Important Note: Applications for a place in one of our Autism Classes or in our MGLD Class

If there is not a space available in one of our special classes, your child can be placed on a waiting list for a place. In this case, please note that their personal data may be shared with the National Council for Special Education for the purposes of planning for the provision of special education placements.

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: _____ **(Parent / Guardian)** **Dated:** _____

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

INTERNATIONAL CHILDREN PROFILE
(ONLY TO BE COMPLETED FOR CHILDREN BORN OUTSIDE IRELAND)

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 to your child's learning?

CHILD PROFILE
(For school records only)

Family

Child's Name: _____

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

Both Parents

One Parent

Grandparents

Carers

Other

***** If this form is being completed by one parent only, please read and sign the following:***

I _____ (parent) confirm that both parents of _____

(child's name) are aware and consent to this enrolment application to St. Joseph's NS Templerainey.

Signed: _____

Parent

Dated: _____

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: - Please tick.

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

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

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

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

5. **Additional Information** – Please give details and specify any medical 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 you please furnish the school a copy of same.

6. Does your child require regular medication? Yes [] No [] ***Please note that a medical indemnity form will be required to be signed by you and kept on file if your child needs to receive regular medication during the school day. This form must be completed at the school office.***

7. Does your child have any behaviour challenges? _____

8. Did your child attend playschool and/or crèche? _____

Name of Playschool: _____ Dates: _____

Name of Crèche _____ Dates: _____

9. Are there any issues you think the school may need to know about? _____

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

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

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

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

Declaration:

I/We being the Parent(s)/Guardian(s) of the applicant do hereby confirm that the above information is true and accurate and I/we consent to its use as described.

I/We give permission for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and any other schools my child may transfer to during the course of their time in primary school education. For further information, please go to the Department of Education website www.education.ie

Parent/Guardian's Signature:

Parent/Guardian's Signature:

Date:

Date:

Office Use only:

*Date	D	D	M	M	Y	Y
Application						
Received						