



## SS. Michael & Peter Junior School

Hickey's Hill, Arklow, Co. Wicklow

Phone: 0402 39861 Email: office@ssmichaelandpeter.ie

Web: www.ssmichaelandpeter.ie

Principal: Ms. Lisa Dempsey Deputy Principal: Mrs Patricia Stokes Roll No.: 20470C

### ENROLMENT FORM

(Revised Oct 2021)

\*Child's Name: \_\_\_\_\_ (As on Birth Certificate)

Christian name by which you wish your child to be called in school \_\_\_\_\_

\*Date of Birth \_\_\_\_\_ \*P.P.S. Number: \_\_\_\_\_

\*Mother's Maiden Name: \_\_\_\_\_ \*Gender: Male  Female

\*Full Postal Address: \_\_\_\_\_

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

\*Nationality \_\_\_\_\_ \*Country of Birth \_\_\_\_\_

If not born in Ireland, date on which child arrived in Ireland \_\_\_\_\_

\* Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English? Yes  No

\*If not, what is the language spoken at home: \_\_\_\_\_

*The above information marked with an \* is required by the Department of Education and Skills for their Primary Online Database (POD).*

***The following two items of information are requested by the Department of Education and Skills but requires your approval to be shared with them. This is in line with consultation sought by the Department from the Data Protection Commissioner.***

- 1) To which ethnic or cultural background group does your child belong (please tick one): Categories are taken from the Census of Population.

White Irish  Irish Traveller  Roma  Any other White Background  Black African  Any other Black Background  Chinese  Any other Asian Background  Other (inc. mixed background)  No Consent

2) Religion: \_\_\_\_\_ Church where baptised (if applicable) \_\_\_\_\_

### **Education History/ Information:**

Did your child attend playschool and/or crèche? \_\_\_\_\_

Name of Playschool: \_\_\_\_\_ Dates: \_\_\_\_\_

Name of Crèche: \_\_\_\_\_ Dates: \_\_\_\_\_

Name of previous school (if any): \_\_\_\_\_

Class in previous school: \_\_\_\_\_

Full postal address of previous school: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Name of Principal: \_\_\_\_\_

Detailed reasons for transferring:

\_\_\_\_\_

\_\_\_\_\_

*(This information is essential for us to contact previous school re: Reports Discipline Attendance etc.)*

I give permission to discuss the needs of my child with the Manager/School Principal of the pre-school/school listed above.

**Consent Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Family Information**

Place in Family: \_\_\_\_\_

Siblings Attending School: \_\_\_\_\_

\_\_\_\_\_

<b>Mother's Name:</b>	<b>Father's Name:</b>
<b>Nationality:</b>	<b>Nationality:</b>
<b>Mobile No:</b>	<b>Mobile No:</b>
<b>Alternative Contact No:</b>	<b>Alternative Contact No:</b>
<b>Email:</b>	<b>Email:</b>

With whom does the child normally reside:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Telephone Number to be used for Text – a – Parent** \_\_\_\_\_

**Alternative Contact Numbers (not your own number)**

Please let us know if this person is a relation, minder, friend of family etc.

**1) Emergency/Collection Contact :**

- Name: \_\_\_\_\_
- Relationship to child: \_\_\_\_\_
- Phone Number (s): \_\_\_\_\_

**2) Emergency/Collection Contact :**

- Name: \_\_\_\_\_
- Relationship to child: \_\_\_\_\_
- Phone Number (s): \_\_\_\_\_

**3) Emergency/Collection Contact :**

- Name: \_\_\_\_\_
- Relationship to child: \_\_\_\_\_
- Phone Number (s): \_\_\_\_\_

**4) Emergency/Collection Contact :**

- Name: \_\_\_\_\_
- Relationship to child: \_\_\_\_\_
- Phone Number (s): \_\_\_\_\_

*Should any of these change while your child is attending this school please inform us immediately.*

**Medical History**

Family Doctor: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Please tick the appropriate boxes if your child has problems with any of the named medical conditions:-

Hearing  Sight  Speech  Asthma

Diabetes  Epilepsy  Heart Condition  Mobility

Has your child any allergies? Yes  No

If Yes please give details: \_\_\_\_\_

Any other conditions not mentioned above: \_\_\_\_\_

\_\_\_\_\_

**PARENTAL PERMISSION SECTION**

**Medical Emergency /Accident**

Do you give permission to administer basic first aid if your child has an accident at school/games/school tour?  
In the event of an accident, minor cuts and grazes will be cleaned with cold water and cotton wool. If an  
accident is of a more serious nature, the school will contact a parent/guardian. Yes  No

Do you give permission to staff members to apply a plaster to cuts. Yes  No

Do you give permission for a staff member to take your child to hospital in case of a serious accident/illness?  
Yes  No

Are you a Medical Card Holder? Yes  No

The HSE asks us to supply information on pupils for dental treatment, eye tests, hearing tests etc. Do you  
agree to this? Yes  No

**Educational/Diagnostic Tests**

During your child's time in SS Michael and Peter, 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 diagnostic tests to be carried out with my child. Yes  No

I give my permission to allow my child to attend additional support classes if deemed necessary. You will be  
informed prior to their attendance. Yes  No

**Liaising with outside agencies**

During your child's time in SS Michael and Peter, it may be necessary to contact and liaise with outside  
agencies and make referrals if necessary (E.g. HSE, SLT's, OT's, Medical professionals etc.). You will be  
informed if this is the case. I give permission to share reports to and from outside agencies where necessary.  
Yes  No

**Protection Order/Safety Order/Barring Order**

Is there a Protection Order in place in connection with your child? Yes  No

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Is there a Safety Order in place in connection with your child? Yes  No

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Is there a Barring Order in place in connection with your child? Yes  No

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*If there is a Protection/Safety/Barring Order in place in connection with your child a copy must be furnished to  
the Principal before the child starts school. If a Protection/Safety Order or/and Barring Order is put in place  
during your child's attendance at this school a copy must be furnished immediately to the Principal. The school  
should be made aware of the name of any person whose custody the child should not be given. Photo id should  
also be provided.*

### **School Photographs/Recordings**

Do you give permission for your child to be included in school photos for internal use? – e.g. displays in the classroom, corridors and in the school hall etc.? Yes  No

Do you give permission for your child to be included in school photographs/videos; some of which may be posted on the school website/ social media pages including Twitter, Facebook and Seesaw/ school newsletter? The caption will not include individual names. Yes  No

Sometimes journalists visit our school to take pictures of children (e.g. awards/prizes, sporting events, first day of school, Communion etc.) Do you give permission for your child to be included in these? Individual names may be included in the caption. Yes  No

***Please Note: A photo of all children in the school will be taken for administrative purposes for internal use. Sometimes a large group/class photo may be taken and it may not be possible to exclude a particular child from the photo. The Board of Management/Staff cannot be held responsible for pictures/videos taken by people at school events.***

### **Policies**

I have read and I am in agreement with the Code of Behaviour of SS. Michael and Peter Junior School. (available on the website) Yes  No

I agree to abide by and cooperate with the school's policy on the school uniform. Yes  No

I agree to abide by the Healthy Eating Policy. Yes  No

I agree to abide by the Nut Product/Sesame Product ban. Yes  No

I have read the Internet Acceptable Use Policy on the website and grant permission for my child to access the internet. Yes  No

### **School Ethos**

I agree to cooperate with the staff and support the ethos of the school. Yes  No

### **Stay Safe Programme/RSE Programme**

I give permission for my child to take part in Stay Safe/RSE programmes. Yes  No

### **School Tours/Field Trips**

I give permission for my child to participate in all School Tours (details of which will be notified to you) and short local trips. (church/library/nature walks etc.) Yes  No

**Please tick to indicate that you understand:**

### **Contact Details**

I agree to contact the school immediately if I change my address or telephone details as these are essential for contact with parents and the text a parent scheme.

### **Absences**

I understand that the school must report to Túsla if a child is absent from school for 20 days or more and that if a child is absent for a prolonged period but less than 20 days without explanation and the parents cannot be contacted the school will inform the relevant authorities.

**Child Protection Welfare**

I understand that should the school have reasonable cause for concern regarding my child's well-being/safety or if my child discloses any form of abuse the school is bound to inform the HSE. Neglect of children may take many forms and they include: being constantly late for school, no suitable lunch/under nourishment, dirty and unwashed, constantly tired in school/sleeping in class, no books/pencils etc. no show of parents at parent/teacher meetings, homework continuously not done.

***Any other useful information you would like the school to have regarding your child:***

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I wish to enrol my child \_\_\_\_\_ (child's name)

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

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 pupil in this school.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Parent/Guardian Signature(s)***

***We thank you for taking the time to complete this enrolment form. Please do not hesitate to contact us should you have any queries regarding any of the above.***

**\*Please ensure that you have included with this form:**

- a copy of your child's Birth / Adoption Certificate
- a household utility bill for proof of address

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Principal/Secretary***

