**Scoil Mhuire Gan Smál: Creagh National School**

**Application form for Admission to School**

**Ballinasloe,**

**Co Galway,**

**H53PT32.**

**Chairperson: Mr. Frank Gallagher**

**Acting Principal: Mr.Noel Lohan**

**Tel. 090 9642634**

**Fax: 090 9645463**

**Roll number: 17198S**

**Website:** [**www.creaghnsonline.com**](http://www.creaghnsonline.com)

**Privacy Statement**.

Creagh National School, Ballinasloe will treat all personal information and data you provide as part of this application as confidential and store it securely. When Creagh National School receives your completed application form and any supporting documentation it makes a complete computer record in your name. This record will contain the relevant personal information you have supplied. This personal record will be used and retained by Creagh National School solely for the purpose of processing your enrolment application and your on-going education.

Creagh National School Ballinasloe will not disclose (share) with other people or organisation the personal information you have given unless permission has been given by the person to whom the information relates or Creagh National School is required to do so by law.

***Please complete this Admissions Form and return it to the School by post or email : admissions@creaghns.com***

**Section 1: Information For the School.**

**Year of Admission**: **2021/2022** **Class**: **Junior Infants**

**Child’s Forename:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Child’s Surname**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth \_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Male** □ **Female** □ PPS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |
| --- | --- | --- | --- |
| No of Siblings: | Child’s position in family  (Youngest/Oldest/only) | Names of Siblings already in our school. | Please indicate if parents are past pupils |
|  |  |  | **Yes**  ⃣  **No**  ⃣ |

**Contact Details**

|  |
| --- |
| **Mother/ Guardian 1: name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Father/ Guardian 2: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mother/ Guardian 1: Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Father Guardian 2: Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mobile Number to be used in Text-a-parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email address for correspondence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Please Print Clearly*** |

Has your child attended another Primary School Yes No

If yes please give details : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

---------------------------------------------------------------------------------------------------------------------------

**If your child has attended school in another country please furnish the school with a school report in English.**

**Information which will help your child settle in:**

**Name of Pre-School/Creche (if applicable)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please include the names of any child/children also enrolling in Junior Infants that your child is particularly friendly with.

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please let us know by Mid May 2021** if you want to **update** this information.

***The following information is necessary in order for us to cater for your child’s needs but will not be used as selection criteria.***

**Medical Information:**

**Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies: Yes**  ⃣  **No**  ⃣

**Medication: Yes**  ⃣  **No**  ⃣

***It is essential that the school is made aware of any medication your child may be taking and if the school should hold a spare supply eg. Inhaler/Epipen.***

**Please state any Hearing, Sight, Speech, medical or other difficulties your child may have.**

**Emergency Contact Name (Other than parent) Description (eg. Grandmother/aunt) Mobile Number**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assessments:**

**Please indicate if your child has had an assessment in any of the following :**

⃣ Speech & Language : ⃣ Psychological Report : ⃣ O.T. Assessment :

⃣ Other (Please give details)

**Please supply the school with a copy of the most recent report with your completed Enrolment Form.**

Any other **relevant** information you feel may be of assistance to us in helping your child settle into school i.e. family, social, personal development etc.

**The Board of Management reserves the right to request proof of identify (e.g. Passport/Identity Card from Country of Origin) and Proof of Address.**

**Section 2: Parental Consent Forms**

I consent to allow the school to give details to HSE West for immunisation

and dental purposes. (From time to time HSE West request pupil numbers, **Yes**  ⃣  **No**  ⃣

names and details so they can calculate the number of children requesting

common immunisations MMR/BCG.)

As the parent or legal guardian of the above student, I have read the **Acceptable**

**Use Policy** (AUP) and grant permission for my son or daughter or the child in my

care to access the Internet. I understand that Internet access is intended **Yes**  ⃣  **No**  ⃣

for educational purposes. I also understand that every reasonable precaution

has been taken by the school to provide for online safety but the school cannot

be held responsible if students access unsuitable websites. I understand that my

child will be expected to use the Internet in a responsible way and obey all the

rules explained to him/her by the school.

Do you givepermission for your child’s photo/video/ work to be used on **Yes**  ⃣  **No**  ⃣

our official school website?

Do you give permission for your child’s photo/ video to be used on **Yes**  ⃣  **No**  ⃣

official Creagh N.S social media sites?

Do you give permission for your child to be photographed

for school projects, local newspapers, and school related activities?  **Yes**  ⃣  **No**  ⃣

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

**I give permission for my child to:**

* For my child to post photo/video/ work on the school’s remote learning platform and engage with it as directed by the class teacher. **Yes ⃣ No ⃣**
* To participate in all aspects of the curriculum including the Relationship & Sexuality Programme. **Yes**  ⃣  **No**  ⃣
* To receive any necessary support teaching (e.g. language/learning support, etc.) **Yes**  ⃣  **No**  ⃣
* I consent to have records relating to my child (e.g. School Reports, Pyschologist Reports, Assessment Test Results and any other relevant information) passed to such other school in which s(he) is enrolled for the future. **Yes**  ⃣  **No**  ⃣
* I consent all relevant information pertaining to my child to be stored on the Department of Education & Skills Pupils On-line Database (POD) . **Yes**  ⃣  **No**  ⃣
* I have included a copy of my birth certificate with this application form. **Yes**  ⃣  **No**  ⃣

In signing this application form I am agreeing to support the Board of Management and staff in their implementation of school policies. I agree to support the staff in their efforts to provide a positive learning experience for all children in the school.

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

**­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 3: Consensual Pupil Information Requested for Department of Education and Skills Primary Online Database (POD)**

**Part 1: General Information**

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 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, on their ethnic or cultural background and whether one of the pupil's mother tongues is English or Irish. **In order to assist with the gathering of data please complete this form in CAPITAL LETTERS and return to the school.** The second page of this form will be retained by the primary school.

**Teacher/Class Name Current Standard** 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 (See** <https://finder.eircode.ie/> **for Eircode)**

\_\_\_\_

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

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

**County**

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

**Section 3: Consensual Pupil Information Requested for Department of Education and Skills Primary Online Database (POD)**

**Part 2: Religion/ Ethnic and Cultural information**

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database.  Religion and ethnic and cultural background are special category data under the General Data Protection Regulation (GDPR). Mother tongue is personal category data requiring consent for collection. While these questions are optional, written consent is sought by the student’s school to record this information and for the school to forward this information to the Department.

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. Aggregated information on religion will be used for statistical purposes only. Mother tongue is collected to identify, monitor and evaluate the need for English as an additional language (EAL) support. Parents/guardians have the option to identify their children’s religion, ethnic background or if mother tongue is English or Irish 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.

Special category data

**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 🞏

**What is your child’s religion?**

Roman Catholic 🞏 No Consent 🞏 No Religion 🞏

Muslim (Islamic) 🞏 Church of Ireland (Anglican) 🞏 Orthodox (Greek, Coptic, Russian) 🞏

Christian Religion (not further defined) 🞏 Apostolic or Pentecostal 🞏 Other Religions 🞏

Hindu 🞏 Presbyterian 🞏 Atheist 🞏

Baptist 🞏 Buddhist 🞏 Protestant 🞏

Jehovah’s Witness 🞏 Methodist, Wesleyan 🞏 Lutheran 🞏

Agnostic 🞏 Evangelical 🞏 Jewish 🞏

Personal category data

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

Yes🞏No 🞏 No Consent 🞏

*I consent for the special category data in the two questions and the personal category data question 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_