



Youghalarra N.S.,
Newtown,
Nenagh.
Co. Tipperary. E45 K372

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Principal: Fergal Brislane.
Deputy Principal: Edel Kennedy.

www.youghalarrans.weebly.com
X: YoughalarraNS

ENROLMENT FORM

Name: _____

Address: _____

County/Eircode: _____

Nationality (Country of birth): _____

Date of Birth: _____

PPS No: _____

Gender: _____

Name: _____ Parent ☐ Custodian ☐ Legal Guardian ☐

Phone No: _____ e-mail: _____

Name: _____ Parent ☐ Custodian ☐ Legal Guardian ☐

Phone No: _____ e-mail: _____

For school register

Parish of which applicant resides: _____

Occupation of Parent/guardian(s): 1 _____

2 _____

Religion _____

Other siblings in school _____

Daytime contact No. if different from above _____

In case of not being able to contact the above, please give name, address, and phone number of another adult with whom contact can be made:

Any illness / allergy of which the school should be aware:

In case of extreme emergency do you consent to your child being brought to Casualty? _____

Name & Telephone Numbers of persons who have permission to collect your child after school:

Has your child ever had a psychological assessment? _____

Has your child ever received a speech and language report? _____

PLEASE PROVIDE YOUR CHILD'S BIRTH CERTIFICATE to the school. It will be returned to you shortly.

For children transferring from another school or preschool setting

Previous school attended or preschool: _____

Previous or current class: _____

Reason for transferring: _____

Copies of school reports, assessments etc. must be provided before enrolment.

The above information is true to the best of my knowledge. I am aware that it might be stored on computer. I have been issued with a copy of the Code of conduct, the Homework Policy and general information on Scoil Náisiúnta Eochaille Ara.

I have read the *Code of Conduct* of the school and I agree that my child will abide by it.

Signed: _____
(Parent/Guardian)

Date: _____

I have read the *Homework Policy* of the school and I agree that my child will abide by it.

Signed: _____
(Parent/Guardian)

Date: _____



Consent forms

Aladdin Connect

We use Aladdin Connect in Youghalarra National School. It is a secure way to communicate and share information with parents/guardians. As well as messages from the school, you can view details that the school shares about your child's attendance, test results, report cards, homework, and library books. You can also enter reasons for your child's absences from the Aladdin Connect app.

Additional Support

Dear Parent/Guardian,

From time to time, it may be necessary for your child to access additional support in the areas of literacy, numeracy, SPHE and for assessment purposes etc. This support may take the form of in-class support, withdrawal from the classroom in a group setting or in a one-to-one setting with an SEN teacher.

Please sign this form to indicate whether you consent /do not consent to your child accessing the supports mentioned above.

I**consent** to my child accessing additional support.

I**do not consent** to my child accessing additional support.

Signed

Date

Photograph or Video

From time to time, it may be necessary to *photograph* or *video* the children during school activities. These photos may be displayed in the school or church.

To do this we require parental permission. Please sign the form below and return with enrolment form.

I consent to have my child (Name)_____ *photograph*

or *video* taken during school activities. Signed_____

I do not consent to have my child (Name)_____ *photograph*

or *video* taken during school activities. Signed_____

Internet Permission Form

Name of Pupil(s): _____

Class(es): _____

As the parent or legal guardian of the above child,

grant permission for _____

(name(s): son/daughter) to access the Internet. I understand that school internet usage is for educational 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(ren) 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: 1. _____

2. _____

Parents/Legal Guardians

Date: _____

School Website/ Twitter (X)

I understand that, if the school considers it appropriate, my child's schoolwork may be chosen for inclusion on the school's website and twitter (X). I understand and accept the terms of the Acceptable Usage Policy in relation to publishing pupils' work and photographs of school activities on the website.

Signature: 1. _____

2. _____

Parents/Legal Guardians

Date: _____

Primary Online Database

Dear Parent/Guardian,

The Department of Education and Skills is developing an electronic database of primary school pupils called the Primary Online Database (POD) which will involve schools maintaining and returning data on pupils to the Department at individual pupil level on a live system. The database will allow 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 Maiden Name, Address, 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, whether the pupil is in receipt of Learning Support and if so the type of learning support, 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 page one and two of this form in CAPITAL LETTERS and return to the school. This form will be retained by the primary school.

Teacher/Class Name _____

Standard

Junior Infants <input type="checkbox"/>	Senior Infants <input type="checkbox"/>	First Class <input type="checkbox"/>
Second Class <input type="checkbox"/>	Third Class <input type="checkbox"/>	Fourth Class <input type="checkbox"/>
Fifth Class <input type="checkbox"/>	Sixth Class <input type="checkbox"/>	Special Class <input type="checkbox"/>

Pupil Forename: _____

Pupil Surname: _____

Birth Cert Forename (if different from name above)

Birth Cert Surname (if different from name above)

Pupil Address _____

PPSN of Pupil _____

Date of Birth _____

Mother's maiden name _____

County/Eircode _____

Nationality _____

Gender

Male ☐

Female ☐

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

Yes ☐

No ☐

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. Both religion and ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil's parent/guardian to identify their child's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. All other information held on POD was deemed by the Data Protection Commissioner as non-sensitive personal data.

To which ethnic or cultural background group does your child belong (please tick one)?

(Categories are taken from the Census of Population)

White Irish	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>	Roma	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Any other Black Background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>	Other (inc. mixed background)	<input type="checkbox"/>
No consent	<input type="checkbox"/>				

What is your child's religion?

Roman Catholic	<input type="checkbox"/>	Church of Ireland (incl. Protestant)	<input type="checkbox"/>	Presbyterian	<input type="checkbox"/>
Methodist, Wesleyan	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim(Islamic)	<input type="checkbox"/>
Orthodox (Greek, Coptic, Russian)	<input type="checkbox"/>	Apostolic or Pentecostal	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>	Lutheran	<input type="checkbox"/>
Atheist	<input type="checkbox"/>	Baptist	<input type="checkbox"/>	Agnostic	<input type="checkbox"/>
Other Religions	<input type="checkbox"/>	No Religion	<input type="checkbox"/>	No Consent	<input type="checkbox"/>

I consent for this information 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: _____

Please complete this form and return to school. For further information on POD please go to the Department of Education and Skills website: www.education.ie