

## STUDENT ENROLMENT FORM

Note: The information provided on this form is confidential and will be retained, used and disclosed by St. Ailbe's and centrally by Tipperary ETB in line with the Data Protection Notice in Part 5.

### Part 1 Family Details *(Required for school enrolment and parental contact purposes)*

<b>1. Child's First Name/s</b>		<b>2. Child's Last Name</b>									
<b>3. Male/Female</b>		<b>4. Date of Birth</b> <i>(attach <u>copy</u> of birth cert)</i>									
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D	D	--	M	M	--	Y	Y	Y	Y		
<b>5. No. of children in family</b>		<b>6. Position of child in family</b>									
<b>7. Religion</b>		<b>8. Country of Birth</b>									
<b>9. Home Address</b>  Eircode _____		<b>10. Childs PPS No.</b>									
		<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
<b>A). <u>Parent/Guardian Details</u></b>		<b>B). <u>Parent/Guardian Details</u></b>									
<b>First Name</b>		<b>First Name</b>									
<b>Last Name</b>		<b>Last Name</b>									
<b>Maiden Name (Mother)</b>											
<b>Relationship to Child</b>		<b>Relationship to Child</b>									
<b>Address</b>		<b>Address</b>									
<b>Phone No. (Home)</b>		<b>Phone No. (Home)</b>									
<b>Phone No. (Work)</b>		<b>Phone No. (Work)</b>									
<b>Phone No. (Mobile)</b>		<b>Phone No. (Mobile)</b>									
<b>Email Address</b>		<b>Email Address</b>									

**Other Emergency Name and Contact Number**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship to Child \_\_\_\_\_

If there are any orders or other arrangements in place governing access to, or custody of the child, please provide details.

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

Please indicate name and address of person (s) to whom correspondence is to be sent regarding educational progress of the student if, different from above.

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

Does the student have any brothers or sisters in this school?

Yes

No

If yes please indicate names and the year they are currently in

Name \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_ Year \_\_\_\_\_

**Part 2 Primary School Details** (Note: We may contact the school in connection with your child's enrolment)

Name of Primary School \_\_\_\_\_

Other Primary School attended and dates (if relevant) \_\_\_\_\_

**Consent**

I/we give permission to contact my child's primary school and to obtain copies of academic records, psychological reports and other records necessary for my child's educational welfare and for aiding his/her transition to post-primary.

Signed \_\_\_\_\_  
(Parent/Guardian) (Parent/Guardian)

Date \_\_\_\_\_

**Part 3 Educational Details**

*(Required for the assessment of individual educational needs)*

**Please note**

Irish is a compulsory subject for all students. Exemptions are only granted in *exceptional cases*.

Is the student currently studying Irish? Yes  No

Does the student have a certificate of exemption from the study of Irish language? Yes  No  (If 'yes' please attach a copy)

Has the student a psychological assessment? Yes  No

Is the Psychological Report available? Yes  No   
(If yes please attach copy to Application Form)

Has the student been granted Resource Teaching Hours and/or Special Needs Assistance hours by the NCSE? Yes  No

If you answered yes please give details \_\_\_\_\_  
\_\_\_\_\_

Category of Special Need \_\_\_\_\_

Has the student been in receipt of learning support? Yes  No

If the answer is yes please give details \_\_\_\_\_  
\_\_\_\_\_

Please note that it is normal practice in St. Ailbe's to share details of a student's special education needs and associated information with teaching staff to ensure an efficient response to these needs.

Has the student received EAL (*English as an Additional Language*) support? Yes  No  If Yes how many years? \_\_\_\_\_

If student is a non-national please state the date that he/she entered Ireland.

Date student entered Ireland \_\_\_\_\_

**Part 4 Medical Details**

*(Required to ensure the school has an accurate record of medical conditions as well as your doctor's contact details in the event of a medical issue arising during school/ETB activities. Please note it may be necessary to disclose this information to staff in certain circumstances)*

1) Doctor's Name \_\_\_\_\_

2) Name of practice (if relevant) \_\_\_\_\_

3) Phone Number (Clinic) \_\_\_\_\_

4) Health concerns for child.  
\_\_\_\_\_  
\_\_\_\_\_

5) Procedures to follow (for a particular illness).  
\_\_\_\_\_  
\_\_\_\_\_

6) Does the child require glasses? Yes  No

7) Does the child have any hearing difficulties? Yes  No

8) Any other medical concerns/information of relevance?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Part 5 (Data Protection)**

### **Personal Data on this Form:**

**Tipperary Education & Training Board 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 and transportation,
- examinations
- school administration,
- child welfare (including medical welfare)
- and to fulfil our other legal obligations.

### **ETB 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 (eg. 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: Tipperary Education & Training Board reserves the right to contact you in the case of an emergency relating to your child, regardless of whether you have given your consent.**

## **School sending you direct marketing**

**We would like to send you emails/SMS text messages or call you or to write to you at your home address to inform you of special offers or promotions by certain third parties involved in the supply of school stationery and school uniform supplies etc. Do you give your consent for us to do each of the following:**

**Tick box if “yes” you agree with these uses**

**Use your email address to alert you to these offers?**

**Use your mobile phone number to send you SMS texts in relation to these offers?**

**Use your mobile phone/landline number to call you in relation to these offers?**

**Use your address to send you written letters/brochures in relation to these offers?**

**While the information provided will generally be treated as private to Tipperary Education & Training Board, 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, social workers or medical practitioners, the National Council for Special Education, any Special Education Needs Organiser, the National Educational Psychological Service, or (where the student is transferring) with 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.**

**Data Protection Policy: A copy of the full Data Protection Policy is available on Tipperary Education & Training Board website [www.tipperaryetb.ie](http://www.tipperaryetb.ie) and you and your child should read it carefully. When you apply for enrolment, you will be asked to sign that you consent to your data/your child’s data being collected, processed and used in accordance with this Data Protection Policy during the course of their time as a student in the school. Where the student is over 18 years old, they will be asked to sign their consent to this.**

### **Photographs of Students:**

The ETB maintains a database of photographs of ETB 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/centre. Photographs may be published on our 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 ETB Chief Executive.

### **Consent (tick one only)**

1. If you are happy to have your child's photograph taken as part of ETB activities and included in all such records tick here
2. If you would prefer not to have your child's photograph taken and included in such records, please tick here
3. If you are happy for your child's photograph to be taken and included, as 1. above, but would prefer not to have images of your child appear on the website, in school brochures, yearbooks, newsletters etc please tick here.

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

**Parent/Guardian/Student (where over 18)**

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

## **Part 6 (Contract)**

### **Student**

**Name:** \_\_\_\_\_

As a student in St. Ailbe's, I promise to abide by the Rules and Regulations of the school, in the interests of maintaining a positive learning environment.

I have read and I accept the School Code of Behaviour

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Parent (Contract and Consent)**

In registering my above named child as a student in St. Ailbe's, I understand that this implies a full acceptance of the rules of the school as laid down from time to time by the Board of Management.

I will provide copies of recent psychological or other professional educational assessments to the school.

I understand that, while every effort will be made to ensure that my son/daughter will be facilitated in his/her subject choices, this may not always be possible.

As a partner in the education of my child, I recognise the need for me to do my utmost to support the work of the school.

By signing below, I am giving explicit consent for St. Ailbe's to confirm, retain, use and disclose the information I have provided in accordance with the Tipperary ETB Data Protection Policy (as summarised above).

**Signed** \_\_\_\_\_  
**(Parent/Guardian)** **(Parent/Guardian)**

**Date** \_\_\_\_\_



**Consent Form for Sensitive Personal Data for the School's October Return to the Department of Education and Skills**

Certain sensitive personal data which the Department asks post-primary schools to furnish via the "Annual Post-Primary School October Return/Examination Entries" process requires your written consent for your child's school to record this information and for the school to forward this information to the Department for purposes as outlined in circular 0047/2010 a copy which is available at [www.education.ie](http://www.education.ie) or on request from your child's school.

Please note that the reference to "you" in this consent form means a parent or a guardian of a student, or a student aged 18 years and over who is attending a recognised post-primary school.

*Please enter the following details in BLOCK CAPITALS*

**Name of School:**                    **St. Ailbe's**

**Name of Parent/Guardian:** \_\_\_\_\_

**Name of Student:**                    \_\_\_\_\_

**Class year of student:**                    \_\_\_\_\_

**1.     Where your child is enrolling for 1<sup>st</sup> Year do you or your child possess a medical card? (please CIRCLE the appropriate answer)**

**YES                    NO**

**2.     Is your child a member of the Traveller Community \*? (please CIRCLE the appropriate answer)**

**YES                    NO**

*\* "Traveller Community" means the community of people who are commonly called Travellers and who are identified (both by themselves and others) as people with a shared history, culture and traditions including, historically, a nomadic way of life on the island of Ireland. Section 2(1) of the Equal Status Act, 2000*

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

**Parent/Guardian/Student**

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

Please complete this form and return to your post-primary school. This form will be retained by the post-primary school and will be made available for inspection by authorised officers of the Department or from the Office of the Data Protection Commissioner.