



ST. FELIM'S NATIONAL SCHOOL

Farnham Street, Cavan
Phone/Fax: 00353 494332366
Email: felimsns@gmail.com
Website: www.stfelimsnscavan.ie

APPLICATION FOR ENROLMENT 2018 - 2019

CLASS applied for _____

PUPIL'S Name _____ P.P.S.No _____
Country of pupil's birth: _____ Year pupil came to Ireland _____
Date of birth _____ Religion _____ Date of Baptism _____
(please bring copy of Birth Certificate and Baptism Certificate if religion is Catholic)

MOTHER'S name & birth surname _____
Country of birth: _____ email address parent/guardian: _____
Address _____ EirCODE: _____
Contact phone _____ Occupation/Job _____

FATHER'S name & surname _____
Country of birth: _____ email address parent/guardian: _____
Address _____ EirCODE: _____
Contact phone _____ Occupation/Job _____

LEGAL GUARDIAN name(s) *(IF NOT PARENTS)* _____
Address _____
Contact phone nos _____

Emergency contacts who may be contacted if child becomes ill at school if parents are not available

Name _____	Phone _____	Relationship to child _____
Name _____	Phone _____	Relationship to child _____

Number of children in family _____ **Names of any family** members who attend / attended St. Felim's _____

Previous School Name and address _____
Previous school phone no _____ **Reason** for change of school _____
_____ **Class** attended _____

Relevant information (health or other) _____

Signed (Parent/Guardian) _____ **Date:** _____

Office use only

Birth Cert in	Baptismal Cert in	School rules parent & pupil	Permission form signed	Any relevant reports in



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EXTRA RESOURCES QUESTIONNAIRE

PLEASE COMPLETE THIS FORM
AS PART OF ENROLMENT PROCEDURE
AND ENCLOSE ANY RELEVANT REPORTS / ASSESSMENTS

Please use BLOCK CAPITALS

Name of Child:

Date of Birth:

SPECIAL EDUCATION NEEDS [SEN]

Does your child receive Support in his present school? Yes No

If YES tick areas he/she receives Support? Maths Literacy

REPORTS / ASSESSMENTS

Does your child have a *Psychological Report*? Yes No

Does your child have a *Speech and Language Report* Yes No

Does your child have an *Occupational Therapy Report*
or any other Report eg., CAMHS, Enable Ireland, etc Yes No

State date Assessment(s) /Report(s) were carried out. _____

If YES to one or all of above please **ATTACH COPIES** to this form.

Signed (Parent/Guardian): _____

Date: _____



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As part of your child's education in St. Felim's NS it may be necessary, from time to time, to carry out certain tests, assessments and activities as outlined below for the benefit of your child.

It would be appreciated if you would complete the consent section and return it with your Application for Enrolment Form.

CONSENT SECTION

Name of Student: _____

Date of Birth: _____

I, the parent/guardian of the above named student, give my permission for the following: *(please tick the boxes that you give consent for)*

- 1. St. Felim's NS to **request all Psychological Reports and other relevant reports** that relate to my child from my child's previous school.
- 2. **Tests and Assessments** may be administered at different points during the school year, throughout his/her time in St. Felim's.
- 3. **To allow teaching** under the withdrawal system where a pupil may be taught in a **group or an individual setting** should the tests and assessments administered indicate a need for such.
- 4. **To release assessment and test results** to relevant bodies and to schools where your child will be continuing his education.
- 5. **Use photographs of your child** for project work and/or single/group photographs for publishing in local papers, school website, etc.
- 6. **Teach the 'Stay Safe' and the 'Relationships and Sexuality Education.'** programmes to your child.
- 7. **Video your child** for some subject areas.
- 8. **To allow my child to go on 'out of school trips'** – excursions to places of interest, sporting activities, educational trips, etc., both during school time (library, pool, football, church, etc.,) and after school.

Signed: _____

[parent / guardian]

Date: _____



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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, date of birth, gender, nationality, whether one of the pupils mother tongues is English or Irish, whether the pupil is in receipt of an exemption 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 St. Felim's NS.

Class: _____ Teacher: _____

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: _____

Mother's Maiden name (name before Marriage) _____

Is Irish or English the usual language spoken at home Yes No (tick one only)

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the POD. 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 Any other white background Irish Traveller
Roma Black African Any other Black background
Chinese Any other Asian background
Other (including mixed background)

What is your child's religion? Please TICK ONE BOX

- Roman Catholic Church of Ireland (including Protestant) Presbyterian
Methodist/Wesleyan Jewish Muslim/Islamic
Apostolic/Pentecostal Orthodox (Greek, Coptic, Russian) Atheist
Hindu Jehovah's Witness/Lutheran Buddhist
Baptist Agnostic No Religion
No consent

I consent for this information to be stored on the Primary Online Database 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: _____

Date: _____