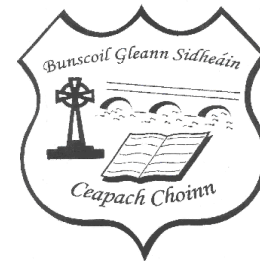


Cappoquin Primary School,



Cappoquin, Co. Waterford
 Tel:- 058 54015 Mobile: 0831637142
 E Mail:- cappoquinschool@gmail.com
 Web Site:- www.cappoquinprimaryschool.com

Principal: Mr. Martin Delaney
 Deputy Principal: Mr. James Casey

ENROLMENT/APPLICATION FORM 2021/2022

Name of child (in full, as on Birth Certificate)	Address at which child resides
Child's PPS Number	Eircode
Male or Female	Nationality
Country of Birth	If your child was not born in Ireland give date on which child arrived in Ireland.
Date of Birth	Names of brothers/sisters in the school

Name and Address of Previous School / Pre School Attended	Principal's Name and Telephone Number

Name of Parent/Guardian	Name of Parent/Guardian
Nationality	Nationality
Address (if different from pupils)	Address (if different from pupils)
Phone Number	Phone Number
E Mail Address	E Mail Address

Guardian's Name (if applicable)	Guardian's Address
Relationship to Child	Telephone Number
E Mail address	

Are there any orders or other arrangements in place governing access to or custody of your child	YES	NO
--	------------	-----------

Please supply **ONE** mobile number that Text – a – Parent messages can be sent to:

Please state name(s) and address to which all school correspondence should be sent:

Name	Address

SPECIAL EDUCATIONAL NEEDS

If your child has Special Educational Needs that you are aware of please specify below:

If your child has any **psychological assessments/written reports** relating to his/her development or special needs please provide said reports with this enrolment form, as this will enable the school to apply for appropriate resources and to allocate S.E.T. hours if appropriate.

Is your child availing of any of the following services:-

Speech & Language Therapy YES NO

Occupational Therapy YES NO

Hearing Impairment YES NO

Vision Impairment YES NO

If your child is availing of any services under the HSE, please give details below and forward any relevant reports.

RELIGIOUS DENOMINATION

Roman Catholic Other/None: _____ (Specify)

SCHOOL TRANSPORT

Availing of School Transport YES NO

School Emergencies / Sickness / Unexpected Closures etc.

The following information will be used by the school in the event of:

- Your child feeling sick
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils.
- An unexpected closure of the school.

If your child gets sick, or the school has to close unexpectedly, etc. and there is no one at home or the school is unable to contact you, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child.

Person the school will contact:- (Please supply name and phone number – not your own phone number)

1.Name & Contact Number: _____

Relationship to Child: _____

2.Name & Contact Number: _____

Relationship to Child: _____

In the event of an emergency, should we fail to contact you, do you give permission to the School to bring your child to doctor/hospital?

Yes No

Name of Family Doctor: _____ Doctor's Contact Number: _____

It is the responsibility of parents/guardians to notify the school of any medical concerns or information of relevance e.g. allergies, use of Inhalers etc.

<p>DETAILS</p>

Is there any other relevant information about your child which we should know? Please give details and specify any condition which might be considered to affect your child's ability to benefit from school. If there are any medical reports in relation to your child, please provide us with a copy of same.

CONSENT FORM.

	Please ✓	Yes	No
1	Standardised Assessment Tests are carried out in the school in all classes. <i>I allow my child to do these tests.</i>		
2	During your child's time in Cappoquin Primary School, 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>I give my permission for any necessary diagnostic tests to be carried out.</i>		
3	I give consent for the use of school related photographic images which include my child on the school website, local newspapers or in other school publications and displays. I understand that my child will not be identified individually.		
4	I give permission for my child to go on educational school trips under teacher supervision during the school day and on other incidental trips e.g. matches, sporting activities, visits to local library, local Church, local trails etc.		
5	I give permission to allow my family details (name, address, date of birth etc.) to be given to agencies such as HSE (school nurse, doctor, dentist), etc.		
6	I undertake to support, co-operate and carry out Cappoquin Primary School's Policy and Code of Behaviour & Discipline in the interest of and the welfare of the whole school community. My child will wear the school uniform and on P.E. days will wear the school tracksuit.		

DATA PROTECTION STATEMENT

Personal Data on this Form:

Cappoquin Primary School is a data controller under the Data Protection Acts, 1988 & 2003 and complies with the G.D.P.R (General Data Protection Regulation) legislation of 2018. The personal data supplied on this Enrolment Form is required for the purposes of:

- Pupil enrolment
- Allocation of teachers and resources to the school
- Determining a student's eligibility for additional learning supports
- School administration
- Child welfare (including medical welfare)
- And to fulfil our other legal obligations

School 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 for the purposes of:

- Sports days
- Parent Teacher meeting
- School concerts / events
- To notify you of school closures (e.g. 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

While the information provided will generally be treated as private to Cappoquin Primary School and will be collected and used in compliance with G.D.P.R. legislation, 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 Health Service Executive, TUSLA, the National Educational Welfare Board (NEWB) or where the pupil is transferring to another school). We rely on parents/guardians to provide us with accurate and complete information and to update us in relation to any change in the information provided.

I consent to my child's data being collected, processed and used in accordance with G.D.P.R. legislation during the course of their time as a pupil in this school

Parent/Guardian Signature: _____

I/We wish to enrol my/our child:

Parent/Guardian Signature 1 _____

Parent/Guardian Signature 2 _____

*If this enrolment form is being signed by one parent only please read and sign the following:

I _____ confirm that both parents of _____ (child's name) are aware and consent to this enrolment to Cappoquin Primary School.

Any additional information that you may wish to give:

Please ✓	Yes	No
Have you attached a copy of the Birth Certificate for your child		

Please post/return completed enrolment form to:-

**Mr. Martin Delaney– School Principal,
Cappoquin Primary School,
Cappoquin,
Co. Waterford.**

By: Friday 19th March 2021

For Office Use Only

Date Form Received: _____ Date of Entry: _____

Registration Number: _____