

Scoil Dean Cussen, Bruff, Co. Limerick.

School Enrolment Form

Note: All forms must be completed in full and returned to the school, along with a Birth Certificate & Baptismal Cert (if applicable) by **Friday, March 3rd 2017**. (If possible) Completion of this form does not guarantee your child a place in the school.

Pupil Forename: _____ Pupil Surname: _____

Birth Cert Forename (if different from name above)

Birth Cert Surname (if different from name above)

Address at which child resides:

Email address: _____

Gender: _____ Telephone No: _____

PPSN: _____ Date of Birth: _____

Nationality: _____ Country of Birth: _____

If not born in Ireland, date on which child arrived in Ireland: _____

***If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.**

Father's Name: _____ Mobile No: _____

Mother's Name: _____ Mobile No: _____

Guardian's Name: _____ Mobile No: _____

Is the child living with both parents _____

Position of child in family (1st, 2nd, 3rd, etc) _____ Number of children in the family: _____

Religious denomination: _____

Did your child attend preschool: _____ For how long: _____

Where? _____

At what age did your child begin to speak: _____

Does he/she speak well? _____

Has your child ever had a psychological assessment? _____

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

Name of brother/sister in this school: _____

Class: _____

Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine **please inform the school in writing.**

Person who usually collects child(ren)

_____	Phone _____
_____	Phone _____
_____	Phone _____
_____	Phone _____

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours. If there is any change in this regard or if there is any other information which you think may be relevant **it is very important that the school is informed immediately.**

Other relevant information: _____

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 my child gets sick, or the school has to close unexpectedly, etc and there is no one at home/the school is unable to contact me, 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/children.

Person the school will contact:

1 _____	2 _____
_____	_____
Tel/mobile: _____	Tel/mobile: _____

Medical Emergency/Accident

That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may bring my child/children to a Doctor/Hospital if an emergency arises.

Signed (Parent/Guardian) _____

Does your child/children have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school?

NB: It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies. Do your child/children have an allergic reaction to medication or food?

Is there any other relevant information about your child/children which we should know?

I acknowledge that I have read and accepted the Code of Behaviour, Anti-Bullying Policy, Substance Use Policy, Internet Use Policy and RSE Policy of Scoil Dean Cussen. (Available on www.scoildeancussen.ie). Having discussed and explained same, my child and I agree to abide by same.

I wish to enrol my child _____

I declare the above information to be correct and understand that it will be treated as confidential.

Signed: _____

Date: _____

Please ensure that you have included a Birth Certificate and Baptismal Certificate (if your child was Baptised) with this form. These documents will be photocopied and returned to you.

Principal : Joan O'Connor.

Date: February 2017

SCOIL DEAN CUSSEN

Pupil Information required for
Department of Education and Skills
Primary Online Database

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 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 as soon as possible. This form will be retained by the primary school.

Teacher/Class Name _____ Standard _____
Junior Infants ☐ Senior Infants ☐ First Class ☐
Second Class ☐ Third Class ☐ Fourth Class ☐
Fifth Class ☐ Sixth Class ☐ Special Class ☐

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 _____

Date of Birth _____

County _____

Nationality _____ Gender Male ☐ Female ☐

'Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English?
Yes ☐ No ☐

Signature of Pupil's Parent/Guardian _____
Date _____

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 your primary school. For further information on POD please go to the Department of Education and Skills' website www.education.ie

Scoil Dean Cussen

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E-Mail: scoildeancussen@gmail.com
Web: www.scoildeancussen.ie

14/02/2017

Dear Parents,

The Board of Management (BOM) wishes to inform you of the efforts that have taken place over the past 2 years to facilitate the supervision of the children in infant classes using school transport, which up to now has been carried out on a voluntary basis by the teachers.

The Department of Education and Skills inspectorate following a Whole School Evaluation (WSE) in 2012 advised the BOM that this time is designated for class preparation and not for supervision of children.

The BOM has considered all options in an effort to accommodate these children. Options of having an independent supervisor using a room within the school or a supervisor employed directly by the BOM were considered.

We were advised by St Senan's Education Office that this would place the BOM in an invidious position due to employment regulations and insurance considerations.

In view of the history of this matter the BOM wished to make every effort to accommodate the children.

Unfortunately as outlined above this is no longer a viable option.

As a consequence of this the supervision (1.50pm- 2.50pm) of children in infant classes who travel on school buses will be discontinued from the beginning of the 2017/2018 school year. It will be a matter for parents to make their own arrangements for the collection or supervision of these children between 1.50pm and 2.50pm.

Mary Hennessy of Silver Lining After School Club, in the former FCJ Convent may be contacted on 086-3458421.

Yours sincerely


Principal


Chairperson

Principal: Joan O'Connor
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