



SCOIL AN SPIORAID NAOIMH BUACHAILLÍ Bishopstown

SCHOOL ADDRESS: Scoil an Spioraid Naoimh (B), Curraheen Road, Bishopstown, Cork
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WEBSITE www.bishopstownboysschool.ie

Full Admission Policy available at www.bishopstownboysschool.ie

PART 1 FAMILY DETAILS (Required for school enrolment and parental contact purposes and to ensure that the applicant meets Scoil an Spioraid Naoimh (B) admissions criteria).

Child's First Name/s	<input type="text"/>	Child's Last Name	<input type="text"/>
Date of Birth (attach copy of birth cert)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Childs PPS No.	<input type="text"/>
Home Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mother's Maiden Name	<input type="text"/>
Eircode	<input type="text"/>	Country of Birth	<input type="text"/>
		If not born in Ireland, date on which child arrived in Ireland	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Language spoken at home	<input type="text"/>
		Religion	<input type="text"/>

To which ethnic or cultural background does your child belong? (White Irish, Roma, Traveller etc)

Will your son require additional support with the English language? YES NO

Year of proposed entry to Scoil an Spioraid Naoimh (B):

Enrolment Class (Juniors, Seniors, 1st etc.)

MOTHER'S/GUARDIAN DETAILS

First Name	<input type="text"/>
Last Name	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Eircode	<input type="text"/>
Phone No. (mobile)	<input type="text"/>
Phone No. (work)	<input type="text"/>
Email	<input type="text"/>

FATHER'S/GUARDIAN DETAILS

First Name	<input type="text"/>
Last Name	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Eircode	<input type="text"/>
Phone No. (mobile)	<input type="text"/>
Phone No. (work)	<input type="text"/>
Email	<input type="text"/>

OTHER EMERGENCY NAME AND CONTACT NUMBER

Name	<input type="text"/>	Phone No.	<input type="text"/>
Relationship to Child	<input type="text"/>		

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

<input type="text"/>
<input type="text"/>
<input type="text"/>

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.

Is your son the child of a past pupil?
If so, please provide fathers name and date of birth

Does the student have any brothers currently in this school? YES NO

If YES, please indicate names and the class they are currently in:

Name <input type="text"/>	Class <input type="text"/>
Name <input type="text"/>	Class <input type="text"/>
Name <input type="text"/>	Class <input type="text"/>

If your son is joining our Junior Infant class, please provide the name, address and contact telephone number of the Pre-School / Montessori / Creche he currently attends

Number of E.C.C.E. years attended: One Year Two Years

IF YOUR SON IS CURRENTLY ENROLLED IN ANOTHER PRIMARY SCHOOL WITHIN THE STATE, PLEASE COMPLETE PART 2 (PRIMARY SCHOOL DETAILS & EDUCATIONAL DETAILS).

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 teachers' records, class notes, academic records, psychological reports and other records necessary for my child's educational welfare and for aiding his/her transition to post-primary. I hereby give the school my consent and do instruct and direct that my child's primary school to release these documents to Scoil an Spioraid Naoimh (B).

Signed (Parent/Guardian) Date

PART 3 MEDICAL DETAILS (Required to ensure the school has your doctor's contact details in order to contact that doctor in the event of a medical issue arising during school activities. Please note it may be necessary to disclose this information to staff in certain circumstances)

1) Health concerns for child:

2) Procedures to follow (for a particular illness):

3) Doctor's name (if contact is required in relation to the above health concern/illness or other medical issue):

4) Name of practice (if relevant):

5) Phone number (Doctor/Practice):

6) Any other medical concerns/information of relevance?

7) Do you give permission for your child to be taken immediately to a doctor or hospital in case of serious illness/accident? YES NO

PART 4 (DATA PROTECTION)

A copy of the Data Protection Policy in place in Scoil an Spioraid Naoimh (B) is available on the school website. This Data Protection Policy (together with such updates and amendments as may be made to same from time to time and circulated by Scoil an Spioraid Naoimh (B)) will apply during the student's time at Scoil an Spioraid Naoimh (B).

Personal Data on this Form:

Scoil an Spioraid Naoimh (B) is a data controller under the Data Protection Acts 1988 and 2003. The personal data supplied on this application 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)

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 and to send you emails for all the purposes of:

- sports days
- parent teacher meetings
- school concerts/events
- to notify you of school closure (e.g. where there is 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 YES if you are happy for the school to:

- 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: Scoil an Spioraid Naoimh (B) reserves the right to contact you in the case of an emergency relating to your child, regardless of whether you have given your consent.

While the information provided will generally be treated as private to Scoil an Spioraid Naoimh (B), 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 to other bodies (including the Department of Education & Skills, the Department of Social Protection, An Garda Síochána, the Health Service Executive, Tusla (CFA) social workers or medical practitioners, the National Educational Welfare Board, the National Council for Special Education, any Special Education Needs Organiser, the National Educational Psychological Service, or (where the student is transferring) to 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 the school website 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.

Photographs and Digital Images of Students: The school maintains a database of photographs and digital images (including video) of school events held over years. It has become customary to take photographs of students engaged in activities and events in the interest of creating a pictorial as well as historical record of life at the school. Photographs/digital images may be published on our school website or in brochures, yearbooks, newsletters, local and national newspapers and similar school-related productions. In the case of website photographs/digital images, 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/digital image removed from the school website, brochure, yearbooks, newsletters etc. at any time, you should write to the school Principal.

Consent (tick one only):

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

Signed: Date:
Parent/Guardian

PART 5 OTHER CONSENTS

I hereby give permission for my child in relation to the following:

Going on school tours, local educational visits/field trips and participating in school activities (e.g. matches, quizzes, choir etc.)

YES NO

On occasions such as Communion, Confirmation and other school events (sports day, fun-day), local press photographers take group photos of children and in some instances identify the children by name. Do you agree to the school using your child's image in this way?

YES NO

The school teaches "Stay Safe" lessons on personal safety and RSE lessons on developing and changing. Both are recommended and vetted by the Department of Education and Skills. You will be informed in advance if the lessons contain sensitive language. Further information is available from the school. Can your child participate in these lessons?

YES NO

On occasion we administer "Diagnostic" tests (e.g. NRIT) to discover the educational progress of pupils. Should any concerns arise following these tests we will contact you. Do you agree to this?

YES NO

Parent/Guardian (Contract and Consent)

In registering my above named child as a student in Scoil an Spioraid Naoimh (B), 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 and in the Code of Behaviour. I will provide copies of recent Psychological or other professional educational assessments to the school, where applicable. 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 full, explicit, and informed consent for Scoil an Spioraid Naoimh (B) to confirm, retain, use and disclose the information I have provided in accordance with the school's Data Protection Policy which has been given to me with this enrolment pack.

Signed: Date:
Parent/Guardian

Personal data returned by schools to the Department of Education and Skills, as part of their October Returns, and which the Department of Education and Skills shares with the Department of Social Protection, is returned to solely assist the Department of Education and Skills, policy, planning and statistical functions.

Personal Data Transferred to Department of Social Protection:

DATA COLLECTED ON EACH STUDENT	PURPOSE
Personal Public Sector Number – PPSN collected for first time in 2001/02	Used to validate PPSN and also to identify students who have Irish exemptions.
Student Name	
Student Home Address	
Date of Birth	
Mother's maiden name	PPSN validation. This is removed from the Department's records when confirmation of valid PPSN is received.

This application will not be accepted without a copy of your son's Birth Certificate, Proof of Address + PPS Number verification. A copy of your son's Baptismal Certificate must accompany this application if your son is to receive the sacrament of First Holy Communion or Confirmation.

APPLICATION CHECKLIST (please tick as appropriate)

Application Form Completed	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	
Supporting Documentation to the Application	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Birth Certificate	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	
Baptismal Certificate (if applicable)	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Utility Bill (proof of address)	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	
Verification of PPS	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	