



Mol an Óige

COLÁISTE POBAIL ACLA



etb

Iord Oideachais agus Oiliána
Mhaigh Eo, Shligigh agus Leitrim
Mayo, Sligo and Leitrim
Education and Training Board

STUDENT ENROLMENT FORM

Note: The information provided on this form is confidential and will be retained, used and disclosed by Coláiste Pobail Acla and centrally by Mayo Sligo Leitrim ETB in line with the Data Protection Notice in Part 5.

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

1. Child's First Name/s		2. Child's Last Name											
3. Male/Female		4. Date of Birth (attach copy of birth cert)											
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D	D	-	M	M	-	Y	Y	Y	Y				
5. No. of children in family		6. Position of child in family											
7. Religion		8. Country of Birth											
9. Home Address	10. Childs PPS No.												
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1. <u>Parent/Guardian Details</u>	2. <u>Parent/Guardian Details</u>
First Name	First Name
Last Name	Last Name
Maiden Name (Mother)	
Relationship to Child	Relationship to Child
Address	Address
Phone No. (Home)	Phone No. (Home)
Phone No. (Work)	Phone No. (Work)
Phone No. (Mobile)	Phone No. (Mobile)
Email Address	Email Address
Mobile No. for School Text Messages:	

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*.

In general, any student who is granted an exemption will either:

a) Be a foreign national

Or

b) Have a psychological assessment recommending exemption. This assessment will have been carried out within the last 3 years. The School will require a copy of this report before any exemption is granted.

Or

c) Student lived outside of Ireland until 11 years of age

Is the student currently studying Irish? Yes No

If you answered no please indicate the reason (a, b or c above)

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 _____

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 how many years he/she has been resident in 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/MSLETB 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

Mayo Sligo Leitrim ETB is registered as 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, registration, administration, child welfare and to fulfil our other legal obligations, including the election of parent/guardian representatives to the ETB under the Education Training Board Act 2013. Contact details will also be used to notify you of school/ETB events or activities. While the information provided will generally be treated as confidential to Mayo Sligo Leitrim ETB, from time to time it may be necessary for us to exchange personal data on a confidential basis, where we are legally required to do so, with other bodies including the Department of Education & Skills, the Department of Social & Family Affairs, An Garda Síochána, the Health Service Executive, the National Educational Welfare Board or with another school (where the student is transferring). 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. Should you wish to update or access your/your child's personal data you should write to the school Principal.

Data Protection Policy of Mayo Sligo Leitrim ETB

A copy of the full Data Protection Policy of Mayo Sligo Leitrim ETB is available at www.mayovec.ie or on request from The CEO, Mayo Sligo Leitrim ETB, Head Office, Newtown, Castlebar, Co. Mayo.

Photographs of Students

The school maintains a database of photographs of school 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. Photographs may be published on our school website or in brochures, newsletters, local and national newspapers and similar school-related productions. In the case of website photographs, student names will not be recorded with the picture. If you or your child wish to have his/her photograph removed from the school website 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 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 taken and included in such records, please tick here

Signed

_____ (Parent/Guardian)

_____ (Parent/Guardian)

Date

Part 6 (Contract)

Student

Name: _____

As a student in Coláiste Pobail Acla 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 Coláiste Pobail Acla

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 Coláiste Pobail Acla to confirm, retain, use and disclose the information I have provided in accordance with the Mayo Sligo Leitrim 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 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: Coláiste Pobail Acla

Name of Parent/Guardian: _____

Name of Student: _____

Class year of student: _____

1. **Where your child is enrolling for 1st 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.