St. James's Primary School, Basin Lane, Dublin 8

Email: saintjamessps@gmail.com **Tel: 01 4548461**

Roll Number 20429F

APPLICATION FOR ENROLMENT

**** Application forms will not be processed unless the form is complete, and a photocopy of Birth Certificate is enclosed ****

CHILD'S DETAILS

First Name:	**Surname:**
Mother's Maiden Name:	**PPS Number:**
Address:	**Date of Birth:**
Gender: PLEASE CIRCLE **Male Female**	**Religion:**
Nationality:	**Language Spoken at Home:**
Please Select One: Mainstream	**ASD Class** **(All Supporting Psychological Reports Must Accompany This Application)** **All enrolments for ASD Class MUST be accompanied by NCSE eligibility letter.**
Year of Entry to School:	**Class:**
Does Child Have Sibling In This School? **Yes No**	**If Yes Please Name:**
Has Your Child Any Allergies? **Yes No** **Give Details:**	**Has Your Child Any Health Problems?** **(Examples: Asthma, Epilepsy, Sight, Hearing or Speech)** **Yes No** **Give Details:**
Does Your Child Have Any Special Needs? **Yes No**	
If YES – Please Give Details:	
Has Your Child Been Psychologically Assessed? **Yes No**	
If Yes, Please Give Details (*Please Ensure Psychological Assessment is Submitted with This Application*)	
Is There Any Other Relevant Information Regarding Your Child That We Should Be Aware Of? **(Examples: Family Situation, Separation, Custody Issues Etc.)**	

For office use only Date Application received_____ Sig. _____

PARENTAL INFORMATION

Mother's Name:	**Father's Name:**
Legal Guardian **Yes No**	**Legal Guardian** **Yes No**
Address: **(If Different From Above)**	**Address:** **(If Different From Above)**
Mobile No:	**Mobile No:**
Work No:	**Work No:**
Email:	**Email:**
Emergency Contact 1:	**Mobile No:**
Emergency Contact 2:	**Mobile No:**
Name of Legal Guardian: **(If Different From Above)**	**Address:**

PRESCHOOL / PREVIOUS SCHOOLS

Has Your Child Attended Preschool?	**YES**	**NO**
If YES, State Name and Address of Preschool		
Previous Schools Attended:	**1.** **2.**	

DECLARATION

I wish to enroll my child as a pupil of St James's Primary School. If my child is accepted for entry, I hereby undertake for myself and my child to observe the rules and regulations of the school as outlined in our policies and procedures.

Signed: _____ (Parent/Guardian) Date: _____

CONSENT FORM

The Department has consulted with the Data Protection Commissioner. As religion and ethnic background are considered sensitive personal data it is necessary for each pupil's parent or guardian to identify their child's religion and ethnic background and to consent for this information to be transferred to the Department of Education & Skills.

Ethnicity / Cultural Background *(Categories taken from the Census of Population)* – Please Circle One		
White Irish	**Irish Traveller**	**Roma**
Any Other White Background	**Black African**	**Any Other Black Background**
Chinese	**Any Other Asian Background**	**Other (Incl. Mixed Background)**
Consent to share with DES:	**YES**	**NO**

Religion *(Categories taken from the Census of Population)* – Please Circle One		
Roman Catholic	**Church of Ireland (incl. Protestant**	**Presbytarian**
Methodist	**Jewish**	**Muslim (Islamic)**
Orthodox (Greek, Coptic, Russian)	**Apostolic or Pentecostal**	**Hindu**
Buddhist	**Jehovah's Witness**	**Lutheran**
Atheist	**Baptist**	**Agnostic**
Other Religion	**No Religion**	
Consent to share with DES:	**YES**	**NO**

I consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education & Skills and any other primary schools my child may transfer to during the course of their time in primary school.

Signed: _____ (Parent/Guardian) Date: _____

<u>Payment Contract</u>

I understand that there will be certain costs relating to my child's education in St James's Primary School. These materials will be mainly in the area of book rental and resources, educational equipment and materials, photocopying and art & crafts materials.

I agree to pay these costs.

Signed: _____(Parent/Guardian) Date: _____

If you require any assistance in filling in this form, please contact our Home School Community Liaison teacher in the school or phone 086 02944

<u>PARENTAL CONSENT</u>

School Tours:

During your child's time in primary school there will be opportunities for them to go on school tours and educational tours organized by their teachers. These tours are both fun and educational and an important part of school life. Also some children play on school sports teams and will have to travel to away games.

Permission to go on School/Sporting/Educational tours YES NO

Signed: _____ (Parent/Guardian) Date: _____

Photographs of Pupils:

The school maintains a database of photographs of school events held over the years. It has become customary to take photos of pupils engaged in activities and events in the interest of creating a pictorial as well as historical record of life at the school. Photos may be published on our school website or in brochures, yearbooks, newsletters, local and national newspapers and similar school-related productions.

Permission to take and use photographs taken as part of school activities and included in all such records
YES NO

Signed: _____(Parent/Guardian) Date: _____

First Aid:

During the school day, children can have little accidents and cut or bump themselves. We have a first aid kit in the office where we can administer basic first aid such as cleaning wounds, administering antiseptic cream and icepacks on knocks and bumps.

Permission for school to administer basic first aid YES NO

Signed: _____(Parent/Guardian) Date: _____

Internet Permission:

I have read the Internet Acceptable Use Policy and grant permission for my child to use the internet. I understand that school internet usage is for educational purposes only and that every reasonable precaution will be taken by the school to provide for online safety. I accept my own responsibility for the education of my child on issues of Internet Responsibility and Safety. I understand that having adhered to all the enclosed precautions, the school cannot be held responsible if my child tries to access unsuitable material.

Signed: _____(Parent/Guardian) Date: _____

Educational Screening Tests:

During your child's time in St James's Primary School, he/she will undergo various Educational Screening Tests.

Should my child require educational screening testing during his/her time in St James's Primary School I give permission for these tests to be carried out.

Signed: _____ (Parent/Guardian) Date: _____

This permission is for the duration of your child's time in our school. If you wish to change your preference at a later time please contact the school to update the form.