**REGISTRATION ENROLMENT FORM**

**Killeen National School**

Killeen, Birr, Co Offaly Roll No: 17179O

**Tel:** 0579121682 **Email:** office@[killeennationalschool.com](http://killeennationalschool.com) **Website:** [www.killeen](http://www.killeen)nationalschool.com

**Principal:** Jessica Whelahan **Deputy Principal:** Lorraine Carroll

The Department of Education and Skills has developed an electronic database of primary school pupils called the Primary Online Database (POD) which involves schools maintaining and returning data on pupils to the Department at individual pupil level on a live system. This information will be used 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. The database will also contain, on an optional basis, information on the pupil's religion and on their ethnic or cultural background. The data required for POD is marked with an asterisk \*. All other data we need for the efficient running of the school.

**In order to assist with the gathering of data please complete the form in CAPITAL LETTERS and return to the school. This form will be retained by the school.**

 **\*Pupil First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\* Pupil Surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Birth Cert First Name: (if different from above)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Birth Cert Surname: (if different from above)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Pupil Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Nationality:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\* Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*PPSN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Gender:** Male [ ] Female [ ] **\* Mother’s Maiden Surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Is one of the pupil’s mother tongues (i.e. language spoken at home) Irish or English?** Yes [ ] No [ ]

**\* Religion:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you consent to uploading data relating to Religion to POD?** Yes [ ] No [ ]

**\* To which ethnic or cultural background group does your child belong (please tick one)?**

 *(Categories based on the Census of Population)*

 White Irish [ ] Irish Traveller [ ] Roma [ ] Any other White Background [ ] Black or Black Irish - African [ ] Black or Black Irish - Any other Black Background [ ] Asian or Asian Irish - Chinese [ ] Asian or Asian Irish - Any other Asian Background [ ] Other (inc. mixed background) [ ] No consent [ ]

 **Do you consent to uploading data relating to ethnicity to POD?** Yes [ ] No [ ]

The following information is required for the efficient running of the school and will not be uploaded to POD

**Father’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mother’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father`s Home/Mobile No/Work:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother`s Home/Mobile No/Work:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency (accident, sickness etc.) occurring during school hours, and we are unable to contact you, please give 2 other contact names and phone nos. Name Phone Number

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name & Mobile Number to be used for Text-A-Parent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(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.)*

**Medical Conditions / Allergies the School should be aware of:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Doctor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did Child Attend Pre-School/Play School?** Yes [ ] No [ ]

 *(Please give details below)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there any problems, concerns or developmental delays the school should be aware of:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your child ever had a psychological assessment / assessment of need?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your child ever had a speech and language assessment?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please supply the school with copies of any reports that have been carried out on your child)*

**Name of person/s who have permission to collect your child at school:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make the school aware as early as possible of any family situation such as bereavement, or separation that could impact on your child, so that we can be as supportive as possible.

**Previous School/s Attended:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(If transferring from one school to another)*

**Intended school class:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A Transfer Form is required if a pupil is transferring from another school and is not residing in the Parish.

**Consents**

*Please answer YES or NO to the following (please circle as appropriate)*

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | During the course of the school year, all classes undertake a variety of different activities outside the school premises. These include, for example, Football, Hurling, Soccer & Rugby matches, Swimming, School Tours, History/Educational tours and any other activities that arise. When we take the children on these outings, we increase the level of supervision to meet the needs of the particular activity. We give permission for our child to partake in field trips, swimming/sporting outings and tours that may arise  | Yes | No |
| 2 | We give our consent to the staff of Killeen N.S. to obtain professional medical aid for our child in the case of a medical emergency or serious injury | Yes | No |
| 3 | There are many forms to be filled during the school year where the name of your child(ren) and/or date of birth/address/phone number is requested e.g.: School Dentist, School Nurse, St. Brendan’s C.S., Cumann na mBunscol, Soccer & Rugby matches, quizzes and art competition and other organisations should the need arise.In order to comply with Data Protection, we require your permission to pass on this information to the relevant body.  | Yes | No |
| 4 | Do you allow permission for your child to be withdrawn from classroom for testing, team teaching or other learning purposes? (If need arises)  | Yes | No |
| 5 | We give permission for our child’s photograph to be published on the school website www.killeennationalschool.com | Yes | No |
| 6 | We give permission for inclusion of our child’s photograph in local newspaper | Yes | No |
| 7 | We acknowledge that we have received, read and accepted the Code of Behaviour of Killeen N.S.  | Yes | No |
| 8 | We will support & co-operate with the staff of the school | Yes | No |

**Open Day**

There is an Open Day in June, new Junior Infants spend one informal period in school to familiarise themselves with their new environment. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enclosed you will also find our Policy Booklet. Please read these carefully. You may retain these documents for your information.

 I/We have received, read and understand the Code of Behaviour and Enrolment Policy. We agree to abide by these Rules and will work in co-operation with the staff to ensure our child understands and keeps the Rules.

Signature 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_