



St. Peter's Primary School Enrolment Application Form



General Information on Child

Child's First Name:	Surname:	Male/Female:
PPS Number:	Date of Birth:	
Nationality of Child:	Home Phone Number:	
Home Address of Child:		
Ethnicity of Child (required by the department) :		
Playschool/School presently attending:		
Class your child to be enrolled: Jnr Inf_ Senior Inf_ 1 st Class_ 2 nd Class_ 3 rd Class_ 4 th Class_ 5 th Class_ 6 th Class_		
Sisters/Brothers currently in the school: Tick (✓) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of siblings:		

General Information on Parents

<i>Father</i>	<i>Mother</i>
Name:	Name:
Address (if different from child's):	Address (if different from child's):
Mobile No:	Mobile No:
Work No:	Work No:
Email Address:	Email Address:
Are there any Custody/Separation/Collection issues regarding your child? Tick (✓) Yes <input type="checkbox"/> No <input type="checkbox"/>	
(If you ticked yes to the above, please enclose any relevant documentation or write a note below)	

Relevant Health Information

Medical Condition:	Allergies:
(If necessary, please provide a detailed description on the back of this form. i.e. Medication/doctor's report)	
Family Doctor's Name:	Doctor's Phone Number:

Emergency

Should we fail to contact you in case of an emergency, please provide us with an alternative contact below

Contact Name:	Relationship to pupil (eg. Neighbour)	Phone Number:
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Communication/Permission

We regularly text parents to inform them of school events etc. Please write down **ONE** number that you would like us to text with this information: **Mobile Number:**

Do you consent that your child's name and address be given to the HSE (Health Board) for the purpose of arranging vaccinations and health checks at various stages throughout their primary school years?
Tick (✓) Yes No

Do you give us permission to take your child on local trips? Examples of these would include the church, library, park, sporting event etc. Children will always be back before the end of the school day.
Tick (✓) Yes No

Do you give us permission to use student's photos on social media: school blog, website, twitter, newspapers, in the community, etc.? Please tick: **Tick (✓)** Yes No

Has your child ever had a speech & language or any other assessment from Lucena Clinic, HSE etc.?
Tick (✓) Yes No

(if Yes, please provide the school with a copy. These reports will be uploaded onto our internal system 'Aladdin' for ease of access for teachers)

I am aware and agree to fully abide by the St. Peter's Code of Behaviour, Child Protection, Internet and Anti Bullying Policies (available at stpetersbray.ie) if my child's application is successful. Hard copy available upon request. **Tick (✓)** Yes No

Do you give us permission to contact your child's preschool/previous school?
Tick (✓) Yes No

Any Other Information:

This Application *MUST* be accompanied by the *ORIGINAL* Birth Certificate & Proof of address (i.e. Utility bill). The school will make a copy and return the originals.

Data Protection Statement

The information collected on this form will be held by St. Peter's Primary School in manual and in electronic format. We will use your data for school related purposes only.

To help us more efficiently organise our enrolment process your data will be entered onto Aladdin. This is a cloud based information storage system the school uses. If your enrolment application for your child/ren is successful we will retain your personal information as per our record retention schedule.

If your enrolment application for your child/ren is unsuccessful or you do not accept the place which you applied we will retain your personal details for the remainder of that school year and shred them afterwards.

The information will be processed in accordance with the Data Protection Act, 1988 and the Data Protection (Amendment) Act, 2003.

The purpose of holding this information is for administration needs and to facilitate the school in meeting the student's educational needs and legal commitments etc.

Disclosure of any of this information to statutory bodies such as the Department of Education and Science or its agencies will take place only in accordance with legislation or regulatory requirements. Explicit consent will be sought from Parents/Guardians or students aged 18 or over if the school wishes to disclose this information to a third party for any other reason.

I consent to the use of the information supplied as described.

Signed Parent/Guardian: _____

For Office Use Only

Date application received: _____

Birth Certificate received

Utility Bill

Any other information: _____

