



St. Peter's Primary School

Admissions Form



General Information on Child

Child's First Name:	Surname:	Male/Female:
PPS Number:	Date of Birth:	
Nationality of Child:	Home Address:	
		Eircode:
Playschool/School presently attending:		
Class your child to be enrolled: Jnr Inf <input type="checkbox"/> Sen Inf <input type="checkbox"/> 1 st Class <input type="checkbox"/> 2 nd Class <input type="checkbox"/> 3 rd Class <input type="checkbox"/> 4 th Class <input type="checkbox"/> 5 th Class <input type="checkbox"/> 6 th Class <input type="checkbox"/>		
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:
Email:	Email:

Are there any Custody/Separation/Collection issues regarding your child? **Tick (✓) Yes** **No**
 (If you ticked yes to the above, please enclose any relevant documentation or write a note below)

Relevant Health Information

Medical Condition: Tick (✓) Yes <input type="checkbox"/> No <input type="checkbox"/>	Allergies: Tick (✓) Yes <input type="checkbox"/> No <input type="checkbox"/>
Details: _____	Details: _____

(If necessary, please provide a detailed description with this form. i.e. Medication/doctor's report)

Family Doctor's Name:	Doctor's Phone Number:
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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 (i.e. Neighbour/relation)	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 (or waiting for) a speech & language or any other assessment from Lucena Clinic, HSE etc.? **Tick (✓) Yes** **No** **Awaiting**
 (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**

Any Other Information:

Must be accompanied by child's birth certificate and proof of address (utility/bank statement)

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 enrolment 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: _____
