***Leap National School, Leap, Co. Cork***

Telephone: 028-33574 Email: nationalschoolleap@gmail.com

Year of Enrolment::\_\_\_\_\_\_\_\_

Class: \_\_\_\_\_\_\_\_\_\_\_\_

**ENROLMENT APPLICATION FORM**

**Please complete all 5 pages in block capitals and return to the school with original Birth Certificate.**

The Department of Education and Skills operates 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. The database will allow the Department 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 information requested below will be uploaded to the* ***Primary Online Database (POD)*** *maintained by the Department of Education & Skills. It is* ***mandatory*** *that this information be uploaded for all pupils Enrolled in Leap National School.*

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| **First name of Child:** | **Surname of Child:** |
| **Birth Cert First Name:**If different from above | **Birth Cert Surname of Child:**If different from above |
| **Date of Birth:***(DD/MM/YYYY)* | **Child’s PPS No.:** |
| **Nationality:** **In the case of dual citizenship, please specify both nationalities** | **Gender:** □ Male  □ Female |
| **Mother’s Maiden Name:** | **Is one of the pupil’s mother tongues (i.e. Language Spoken at home) Irish or English?****YES** **NO**   |
| **Pupil Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Eircode:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *The information requested below is* ***optional.*** *Do you consent to the information Requested below in relation to* ***Religion & Cultural Background*** *being uploaded to POD?***YES** **NO**   |
| **Religion:**Roman Catholic ⬜ Church of Ire (Anglican) ⬜Presbyterian⬜ Methodist, Wesleyan⬜Jewish ⬜ Muslim (Islamic) ⬜Orthodox (Greek, Coptic, Russian) ⬜Apostolic or Pentecostal ⬜Hindu ⬜ Buddhist ⬜ Jehovah’s Witness ⬜ Lutheran ⬜ Atheist ⬜ Baptist ⬜ Agnostic ⬜ Christian Religion (not further defined) ⬜Protestant ⬜ Evangelical ⬜ Other Religion ⬜No Religion ⬜ No Consent ⬜ | **Ethnic/Cultural Background:**White Irish Irish Traveller RomaAny 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 ⬜ |
| The remaining information requested is required for the efficient running of the school and **will not be uploaded**  onto the **Primary Online Database (POD)** |
| **(Please Delete as Appropriate)****Mother’s Name / Guardian’s Name:** | **(Please Delete as Appropriate)****Father’s Name / Guardian’s Name:**  |
| **Home Phone No:** |
| **Mother’s / Guardian’s Mobile No.:** | **Father’s / Guardian’s Mobile No.:** |
| **Mother’s / Guardian’s Work No.:** | **Father’s / Guardian’s Work No.:** |
| **Email Address:** |
|  **Home Address for either of the above if different from Child:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Please indicate which number you select for inclusion on the school text messaging service. Please select ONE of the options below.**Mother’s Mobile Father’s Mobile  |
| **Nominated Emergency Contact Person (Name, Address & Telephone no)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Does any legal order under family law exist (pertaining to the child) that the School should know about?** **YES** **NO** |
| **Previous Pre-School Setting: (e.g. Playschool, Montessori, Home Schooled or otherwise)**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Contact No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Length of time enrolled there:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Previous Primary School attended: (where transferring from other National School in the State)**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Contact No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Consent to access records**It is School Policy to contact the child’s previous school for a report on the child.**Do you consent to the Principal of Leap N.S. accessing all records and reports pertaining to your child from the Principal of his her previous school(s)?****YES** **NO** |

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| **Medical Information** |
| **Name of Family Doctor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  **Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Does your child suffer from any medical conditions, illness, disability, and/or allergies?** **YES** **NO**   If ***YES*** Please Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Is your child toilet trained?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please list any problems Your child has or may develop which may impact on their education. (e.g. .Behaviour, Sight, hearing, speech, etc.)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Has your child attended or is attended any of the following: (Please tick)** Speech & Language Therapist **YES**  **NO**  Occupational Therapist **YES**  **NO**  Physiotherapist **YES**  **No**  **Have you an Educational Assessment on your child?** **YES**  **NO**  *Please provide us with the most recent assessment/report if any on your child.* |

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| **CONSENT FORM** |
| **Accident and/or Emergency Consent Form**I/we \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent(s)) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) give permission to the staff of Leap National School to act on my behalf in case of serious illness, emergency or accident and to take such action as might be necessary for the benefit of my child. **Do you give permission to take the child straight to hospital?** **YES** **NO Parent(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Data Protection**From time to time the school is asked to provide information to the Health Board to facilitate their work for immunisations, sight and hearing tests and dental appointments etc**Do you consent to the school sharing your child’s details with the Health Board?****YES** **NO Parent(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Stay Safe/R.S.E Programme**The school teaches ‘Stay Safe’ lessons on personal safety & protection and RSE (Relationships & Sexual Education) lessons on developing and changing. I understand that participation in the Stay Safe Programme is compulsory and accept my child’s participation in the programme.**YES** **Parent(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Permission for Outings**Pupils may partake in tours and various other excursions involving travel outside the School grounds during the School Year, as organised by school authorities.**Do you give permission for your Child to take part in tours/excursions outside the school grounds?** **YES** **NO Parent(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Diagnostic / Educational Tests** During your child’s time in Leap National School he/she will undergo standardised educational tests to monitor progress. On occasion it may be necessary for some pupils to undergo further diagnostic educational/behavioural assessments.**Do you give permission for your Child to engage in diagnostic testing if deemed necessary by the school authorities?** **YES** **NO Parent(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Special Education**I give permission to allow my child to attend the Special Education teacher if deemed necessary.**Parent(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Consent for additional support** From time to time pupils require additional support in literacy and or numeracy, which would continue for as long as necessary.**Do you give permission for your Child to engage in Additional Support if deemed necessary by the school authorities?** **YES** **NO Parent(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Consent for Computer / Internet access**Computers and internet access in all classrooms give the pupils a very powerful tool for learning. The school has a very comprehensive Acceptable Usage Policy for the use of these tools, and we are asking you to grant consent for your child to use the computers in the school in accordance with these guidelines for the duration of their time enrolled in Leap National School.**Do you give permission for your Child to use the computers and internet access?** **YES** **NO Parent(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Permission to be photographed and / or video recorded**From time to time, we may publish photos of students, either in newspapers, videos or on the school website, engaged in school related activities. This is done to promote various school activities (fund-raising, Sports Day, Christmas performances, Science Day etc.). We are seeking your permission to publish photos/videos of your child, should the occasion arise. Please note, The Board of Management cannot be held responsible for pictures/videos, taken by parents at school outings, celebrations, concerts, sacraments etc.**Do you give permission for your Child’s Photograph to be published/videoed?** **YES** **NO Parent(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Permission for work and photographs to be published on the schools website and on school Facebook page**From time to time, we will publish your child’s school work and photographs that include your child on the school’s website and/or on school Facebook page. These photographs will be published subject to the school rule that photographs will not clearly identify individuals and that full names will not be used.**Do you give permission for your Child’s School Work and/or photographs that include your child be published on the School’s Website and/or on school Facebook page?** **YES** **NO Parent(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| I/We will co-operate with the staff and support the ethos of the school. By enrolling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in Leap National School I/We accept responsibility for ensuring that he/she co-operates with and adheres to the Code of Discipline and Anti-Bullying Policy and all school policies and procedures as ratified by the board of management.Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/GuardianDate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ It is the sole responsibility of parents/guardians to inform the school in writing of any changes to the information provided on this form.  |