Sooey N.S.,
Sooey, via Boyle
Co. Sligo
F52C862

Telephone: 071 9165845
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www.sooeyns.ie

Enrolment Form

Please use BLOCK capitals

Name of child (as it appears on Birth Certificate): _____

Name child is known as if different from above: _____

Gender: _____ Date of birth: _____

PPS Number: _____ Mother's Maiden Name: _____

Child's home address: _____

_____

_____ Eircode: _____

Nationality:_____

Parent/Guardian Information

Mother's Name	Father's Name
Address:	Address:
Mobile Number:	Mobile Number:
Work Number:	Work Number:
Email address: Please tick if you wish emails to be sent to both email addresses	Email address: ☐
Nationality:	Nationality:

If address of mother/father is different to child's home address, do you wish end of year reports to be sent to both addresses: Yes ☐ **No** ☐

Language(s) spoken at home:_____

Does any Legal Order under Family Law exist that the school should know about?

_____

Emergency Contacts/Permission to collect

In the event of your child becoming ill and parents being uncontactable please give details of 2 alternative contacts

Name:_____ **Contact No:**_____

Name:_____ **Contact No:**_____

Please tick:

Has your child been to preschool: Yes ☐ No ☐

If yes Preschool Name: _____

Has your child been enrolled previously in another school Yes ☐ No ☐

If yes, name and address of previous school: _____

_____

_____

I am happy for the above school(s) to discuss my child's needs with Sooey N.S. Yes ☐ No ☐

Medical Information

Name of Family Doctor: _____

Telephone Number: _____

Please give details of any health or emotional conditions (asthma, allergies, hearing or sight problems, anxiety etc) that may affect your child at school :

_____

_____

_____

_____

Has your child ever had a psychological assessment: Yes ☐ No ☐

Has your child ever received a speech and language report: Yes ☐ No ☐

If yes please give further information _____

_____

_____

Medical Emergency/Accident

In the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/ Hospital. Every effort will be made to contact you.

I authorise that a member of staff may bring my child(ren) to a doctor/hospital if an emergency arises

Signed:_____ (Parent)

Social Media

Please tick if you give permission for your child's photo to appear on the school's social media (names will not be used) ☐

Aladdin Connect

Aladdin Connect is the sole method of communication between school and home. Please indicate below the parent email address(es) you wish to use to ensure an invitation and log in PIN are issued to complete registration on the app. (The invitation and PIN will be issued in June)

Mother's email address: _____

Father's email address: _____

Please make the school aware of any court order (include copies of necessary) that effects your child's welfare and also the name of any person into whose custody your child should not be given.

The Department of Education and Skills has developed an individual database of primary schools known as POD (Primary Online Database. Your child's first and last name, gender, PPS number, date of birth, address, enrolment date, and previous school (if applicable) are all entered on POD.

Your consent is required to allow us enter /transfer the information below to the Department of Education and Skills and any other primary schools your child may transfer to during the course of their time in primary school.

Category 1: Religion - _____

Category 2: Ethnic/Cultural Background - _____

I consent for the information in the two categories above be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time at Sooey N.S.

Signed: _____ Date:_____

Parent/Guardian

Personal Data on this form

The personal data supplied on this Enrolment Form is required for the purposes of student enrolment, student registration, allocation of teachers and resources to the school, determining a student's eligibility for additional learning supports, school administration, child welfare (including medical welfare) and to fulfil our other legal obligations.

While the information provided will generally be treated private to Sooey N.S. and will be collected and used in compliance with the Data Protection Acts 1988 and 2003, from time to time it may be necessary for us to transfer your personal data on a private basis to other bodies (including the Department of Education and Skills,, the Department of Social Protection, An Garda Síochána, the Health Service Executive, TUSLA, social workers or medical practitioners, the National Educational Welfare Board, the National Council for Special Education, any Special Education Needs Organiser and the National Psychological Service). We rely on parents/guardians and students to provide the school with accurate and complete information and to update the information when necessary. Should you wish to update or access your/your child's personal data, you should write to the school principal requesting an Access Request Form.

I wish to enrol my child _____ , declare the above information to be correct and understand that it will be treated as confidential.

Signed: _____ Date:_____

Parent/Guardian