

Enrolment Application Form

Eiltín Naofa 2024-2025

Pupil's First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____

Address (at which the applicant resides): _____

Name and class of Sibling(s) currently enrolled: _____

Preschool attended and years of attendance: _____

Parent(s)/Guardian(s) Details:

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Home Tel. _____ Mobile _____ Email. _____

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Home Tel. _____ Mobile _____ Email. _____

Signature 1: _____ Signature 2: _____

Date: _____ Date: _____

Completed enrolment applications must be returned to:

Eiltín Naofa

Lisselton,

Listowel,

Co. Kerry

V31 Y266

no later than **3 p.m.** on **22/3/24.**



APPLICATION FORM FOR ADMISSION

<i>This is an Application Form for admission and does not constitute an offer of a place, implied or otherwise.</i>	
Completed applications will be accepted from:	
The closing date for receipt of applications is:	

All Application Forms and accompanying documentation should be sent to:	For office use only
Eilín Naofa, Lisselton, Listowel, Co. Kerry, V31 Y266	Date received: ___/___/____ School Stamp:

Please ensure you return the following documents to the school to complete the application:

- A copy of your child's long form birth-certificate
- A copy of your child's baptismal certificate (if applicable). This will be required if your child is to receive the sacraments of Reconciliation, First Communion and Confirmation.

Please tick the class group the child is applying to enter			
Junior Infants <input type="checkbox"/>	First Class <input type="checkbox"/>	Third Class <input type="checkbox"/>	Fifth Class <input type="checkbox"/>
Senior Infants <input type="checkbox"/>	Second Class <input type="checkbox"/>	Fourth Class <input type="checkbox"/>	Sixth Class <input type="checkbox"/>

Please complete all sections of the following application using BLOCK CAPITALS

SECTION 1 – CHILD DETAILS

Details of the young person for whom this application is being made

First Name:							
Middle Name(if Applicable):							
Surname:							
Child's Address							
Eircode:							
PPSN:							
Date of Birth:	Day		Month		Year		
With whom does the child normally reside? (please tick)	Both parents	Mother	Father	Other (please specify below)			
Medical Details							
Doctor's Name							
Doctor's telephone Number:							
Is your child allergic to any medication that might normally be used to treat emergency illness/accident?	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No				
If you answered yes to the above question please give details here.							

Does your child have any allergies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above question please give details here.	
Does your child suffer from any respiratory illnesses such as asthma that may require the use of an inhaler?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above question please give details here.	
If your child requires medication during the school day, please read and familiarise yourself with the school's 'Administration of Medicines Policy' available on hard copy by request from the school office.	
Will you be submitting a request to the school to administer medication to your child.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above question please give details here.	
Does your child have a medical, physical or emotional disability?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Please give details below of:	
Hearing difficulties	
Visual Impairments	
Speech or Language Difficulties	
Physical Disabilities	

Special Needs	
Medication Prescribed	
Behavioural Difficulties	
If your child has attended any of the following, please indicate accordingly.	
Speech and Language Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educational Psychologist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical Psychologist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Counselling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Play Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational Therapist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of any other agency attended or assessment carried out	
Is your child on a waiting list to attend any service such as those mentioned above? (either Private or HSE)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above question please give details here.	
<i>If there are written reports in relation to any of the above, a copy must be provided to the school.</i>	

Other Information	In the interest of the pastoral care of your child, it would be helpful for us to be informed regarding educational difficulties, health, bereavement, domestic circumstances, etc. Please contact the principal or class teacher.	
Consents		
<p>We ask your permission for your child to participate in certain activities. In order to cut down on unnecessary paperwork and simplify record-keeping, we have decided to include as many permissions as possible on one sheet. Please read carefully each of the items below and tick the relevant box. Not all items may be relevant to your child this year, but they probably will be at some stage in the future. If you have any concerns regarding any of the items below please feel free to contact the class teacher or principal.</p>		
Do you give permission for your child to be taken immediately to a doctor or hospital in case of serious illness/accident? (In a non-emergency it is the school's policy is to inform parents/guardians if their child has had an accident in school which may require them to collect their child and take him/her home or to hospital or doctor). In an emergency it may be necessary to take the child to hospital/doctor and inform parents/guardians afterwards.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
I consent to my child's clothes being changed by school staff if they become soiled or wet	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
I consent to my child going on supervised school outings, such as local walks, school visits, school trips, sports events, etc.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
I consent to in-school educational screening and diagnostic tests for my child and follow up intervention, if the school deem it appropriate	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
I give consent for my child to go on school tours, outings, local educational visits/field trips and participate in school activities (e.g. matches, walks, concerts etc)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
I give permission to my child to participate in school swimming lessons (2 nd -6 th class)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Local press photographers take group photos of children and in some instances identify the children by name, on occasions such as Communion, Confirmation and other school events. Do you agree to the school using your child's image in this way? (Please remember that removing a child from a photo of the rest of the class can be quite upsetting for the child).	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
I give consent for a school photographer to take individual and group photos of your child	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
I give consent for photos of my child to be displayed around the school's premises	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
I give consent to allow images and video recordings of my child and their work to be used in school-based initiatives (no names will be included) such as Green Schools, Amber Flag, Active Flag etc.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
I give consent for schoolwork completed by my child to be displayed around the school, on the school's website, and Facebook page (e.g. Artwork)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
I give consent for video recordings of my child are taken at events such as a school concert or other school events	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Can we use your child's name (not photo) in relation to publicising school events and activities in our newsletter, website and similar publications?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Images of your child and his/her work may appear on our website/blog. Images may be of individuals or groups. Only your child's first name will be used if at all. Do you agree to the school using your child's image and first name in this way?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
The school teaches 'Stay Safe' lessons on personal safety & protection and RSE (relationships & sexual education) lessons on developing and changing. Lessons are developed using suitable content and appropriate language for each class. Can your child participate in these lessons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give permission for your child to make his/her First Holy Communion	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give permission for your child to make his/her Confirmation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
I give consent for the school to use my mobile phone number(s) to contact me via the text-a-parent service.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
I give consent for the school to use my e-mail address to contact me	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Name of Child: _____

Date: _____

Class Teacher: _____

Name of Parent/Guardian (PRINT NAME CLEARLY) _____

Signature of Parent/Guardian _____

It is your right to withdraw your consent at any time.

SECTION 2 – DETAILS OF PARENT/GUARDIAN

This information is sought for the purposes of making contact about this application. If more than one name is given but the address is the same, only one letter will issue and will be addressed to both individuals.

	Parent / Guardian 1	Parent / Guardian 2
Prefix: (e.g. Mr. / Ms. / Ms. etc.)		
First Name:		
Surname:		
Address:		
Eircode:		
Mobile Phone no.:		
Email address (PRINT CLEARLY):		
Relationship to child:		

SECTION 3 – STUDENT CODE OF BEHAVIOUR

Please confirm that the Student Code of Behaviour is acceptable to you as a parent/guardian and you shall make all reasonable efforts to ensure compliance with same by the child if s/he secures a place in the school. Please note that the Code of Behaviour can be found at www.scoileiltinnaofa.weebly.com or from the school office.

I _____ confirm that the Code of Behaviour for the school is acceptable to me as the child's Parent/Guardian and I shall make all reasonable efforts to ensure compliance by the child if s/he secures a place in the school.

SECTION 4 – RULES ON MINIMUM AGE FOR ENTRY INTO PRIMARY SCHOOL

Under the Department of Education and Skills' Primary Circular 24/02 and Rule 64(1) of the Rules for National Schools 1965 "A child may not be allowed to attend or be enrolled in a primary school before the fourth anniversary of his/her birth." Therefore, the school requires proof of the child's date of birth in order to assess whether s/he meets the requirement. Rule 64(5) also requires the school to obtain and keep a copy of a student's birth certificate.

Please tick the box to confirm that you enclose a copy of the child's long-form birth certificate with this Application Form:

I enclose a copy of my child's long-form birth certificate with this Application Form.

SECTION 5 - SELECTION CRITERIA FOR ADMISSION IN THE EVENT OF OVERSUBSCRIPTION

This information will assist in determining whether the child meets the admission requirements. The list of questions is in the order of priority as per the Admission Policy for Eiltín Naofa.

A. If applying for Junior Infants only, please confirm the child's age where the school gives priority to older children applying to Junior Infants.

Date of Birth:	Day		Month		Year			

B.

Address:	

C. If the child currently has any siblings in this school, please indicate their names and current year of study

(i) Name:	
Year:	
(ii) Name:	
Year:	
(iii) Name:	
Year:	

D. If the child has previously had any siblings in this school, please indicate their names and years of attendance.

(i) Name:	
Year(s):	
(ii) Name:	
Year(s):	
(iii) Name:	
Year(s):	

IMPORTANT INFORMATION:

1. You are required to submit:
 1. A copy of your child's long-birth-certificate
 2. A copy of your child's baptismal certificate (if applicable)

2. All of the information that you provide in this Application Form is taken in good faith. If it is found that any of the information is incorrect, misleading or incomplete, the application may be rendered invalid.

3. Please understand that it your responsibility to inform the school of any change in contact information or circumstances relating to this application.

I, the undersigned,

- am aware that the school teaches the Stay Safe Programme and the Relationships and Sexuality Programme, both of which are part of the Department of Education & Skills Social and Personal Health Education curriculum
- am aware that the information on this form will be stored on the school's data management system and the Department of Education's Primary Online Database
 - may be shared with the HSE (i.e. name and contact details for scheduling health screening such as hearing, vision, dental, etc.)
- have read the school's Internet Acceptable Use Policy - Pupils' and agree to its terms (available in hard copy from the office)

I have read and understood the above consents. I wish to enrol my child in Eiltín Naofa, Lisselton. I undertake to see that my child will attend school punctually and regularly. I have read and understood the school's Code of Behaviour which is available on the School Website (or in hard copy from the office) and I undertake that I and my child will comply with all school rules and policies.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

In the event of only one signature:

_____ 's (**Insert Child's Name Here**) other parent/guardian is fully aware of and in agreement with this enrolment application and is in agreement with the consents, terms and conditions as outlined.

Pupil Information required for Department of Education and Skills Primary Online Database

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. The database allows 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 database will hold data on all primary school pupils including their PPSN, First Name, Surname, Name as per Birth Certificate, Mother's Birth Surname, Address (including Eircode), Date of Birth, Gender, Nationality, whether one of the pupil's mother tongues is English or Irish, whether the pupil is in receipt of an Exemption from Irish and if so the reason for same, and whether the pupil is in a Mainstream or Special Class. The database will record the class grouping and standard the pupil is enrolled in. The database will also contain, on an optional basis, information on the pupil's religion and on their ethnic or cultural background. **In order to assist with the gathering of data please complete this form in CAPITAL LETTERS and return to the school. The second page of this form will be retained by the primary school.**

Teacher/Class Name _____

Current Standard

- Junior Infants Senior Infants First Class
Second Class Third Class Fourth Class
Fifth Class Sixth Class Special Class

Pupil Forename: _____

Pupil Surname: _____

PPSN of Pupil _____

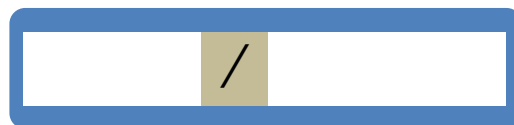
Mother's Birth Surname _____

Pupil's Date of Birth _____

Pupil's Gender: Male Female

Birth Cert Forename (if different from name above) _____

Birth Cert Surname (if different from name above) _____



Pupil Address _____

Eircode

County

(See <https://finder.eircode.ie/> for Eircode)

Nationality _____ (In the case of dual citizenship, please specify both nationalities)

Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English?

Yes No

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. Both religion and ethnic and cultural background are special category data under the General Data Protection Regulation (GDPR). These questions are optional. While these questions are optional, the information would be very useful to the Department for statistical and research purposes. Aggregated information on Ethnic/Cultural background will be used to track the progress of these groups, and to compare their progress with other groups, thereby identifying gaps in the system and assisting in the development and implementation of appropriate policies and interventions. Aggregated information on religion will be used for statistical purposes only. Parents/guardians are asked, if they wish to do so, to identify their children’s religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. This page of the form will be retained by your primary school.

To which ethnic or cultural background group does your child belong (please tick one)?
(Categories based on the Census of Population)

- | | | | | | |
|---|-----------------------|-----------------|-----------------------|--------------------------------|-----------------------|
| White Irish | <input type="radio"/> | Irish Traveller | <input type="radio"/> | Roma | <input type="radio"/> |
| Any other White Background | <input type="radio"/> | | | Black or Black Irish - African | <input type="radio"/> |
| Black or Black Irish - Any other Black Background | <input type="radio"/> | | | Asian or Asian Irish – Chinese | <input type="radio"/> |
| Asian or Asian Irish - Any other Asian background | <input type="radio"/> | | | Other (inc. mixed background) | <input type="radio"/> |
| No consent | <input type="radio"/> | | | | |

What is your child’s religion?

- | | | | | | |
|--|-----------------------|------------------------------|-----------------------|------------------|-----------------------|
| Roman Catholic | <input type="radio"/> | Church of Ireland (Anglican) | <input type="radio"/> | Presbyterian | <input type="radio"/> |
| Methodist, Wesleyan | <input type="radio"/> | Jewish | <input type="radio"/> | Muslim (Islamic) | <input type="radio"/> |
| Orthodox (Greek, Coptic, Russian) | <input type="radio"/> | Apostolic or Pentecostal | <input type="radio"/> | Hindu | <input type="radio"/> |
| Buddhist | <input type="radio"/> | Jehovah's Witness | <input type="radio"/> | Lutheran | <input type="radio"/> |
| Atheist | <input type="radio"/> | Baptist | <input type="radio"/> | Agnostic | <input type="radio"/> |
| Christian Religion (not further defined) | <input type="radio"/> | Protestant | <input type="radio"/> | Evangelical | <input type="radio"/> |
| Other Religions | <input type="radio"/> | No Religion | <input type="radio"/> | No Consent | <input type="radio"/> |

I consent for the special category in the two questions above to 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 in primary school.

Signed: _____

Parent/Guardian

Date: _____

Please complete this form and return to your primary school. For further information on POD please go to the Department of Education and Skills’ website www.education.ie

DATA PROTECTION

The Board of Management of Eiltín Naofa is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018.

The personal data supplied on this Application Form and the accompanying documentation sought is required for the purpose of:

- Verification of identity and date of birth;
- Verification and assessment of admission criteria;
- Allocation of teachers and resources to the school; and
- School administration,

all of which are tasks carried out pursuant to various statutory duties to which the Board of Management of Eiltín Naofa is subject. The requirement to provide a birth certificate is in accordance with the Department of Education and Skills' Primary Circular 24/02 and Rule 64(5) of the Rules for National Schools, which require all primary schools to obtain and keep a copy of a student's birth certificate. The processing of the personal data supplied on this Application Form is therefore carried out in line with Articles 6(c) and 6(e) of the General Data Protection Regulation.

Failure to provide the requested information may result in the application being deemed invalid and an offer of a place may not be made.

The personal data disclosed in this Application Form may be communicated internally within Eiltín Naofa for the purpose of determining the applicability of the selection criteria and possibly with the patron or board of management of other schools in order to facilitate the efficient admission of students, pursuant to section 66(6) of the Education Act 1998 as inserted by section 9 of the (Admissions to Schools) Act 2018.

The personal data provided in this Application Form will be kept for 7 years from the date on which the child turns 18 years of age, unless there is a statutory requirement to retain some or all elements of the data for a further period or indefinitely, in line with Eiltín Naofa's Data Retention Policy, which can be found at www.scoileiltinnaofa.weebly.com or available on request in the school office.

A copy of the full Eiltín Naofa Data Protection Policy is available @ www.scoileiltinnaofa.weebly.com or from the school office.

Any person who provides personal data through this Application Form has a right to request access to that data. S/he also has a right to request the changing of any information if it is factually incorrect. A request for erasure of the data can also be made by or on behalf of the data subject but this will only be acceded to where the data is no longer necessary for the purpose for which it was collected and where Eiltín Naofa does not have a legal basis for retaining it.

If you as a data subject have any complaints regarding the processing of your personal data, you have the right to lodge a complaint with the Data Protection Commission.

OFFICE USE ONLY

Date Application Received:

Checked by:

Date entered on School Database:

Entered by: