

St. Kevin's N.S. – Application for Enrolment

Class for which you are applying for your child for the 2024/2025 school year (please tick):	Junior Infants <input type="checkbox"/> Senior Infants <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"/> Autism Class <input type="checkbox"/> DLD Language Class <input type="checkbox"/>
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Please provide the name and address of the educational setting that your child will be transitioning from - Early Childhood Education (if relevant) for Junior Infants. School name and address for all other classes.	Name of current school/Early Childhood Centre: Address:
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General Information – Please print clearly

First Name:	Surname:
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PPS Number:	DOB:
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Home Address (incl Eircode):

Home Phone Number:	Nationality:
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Siblings in the school: Yes <input type="checkbox"/> No <input type="checkbox"/> Name(s) of sibling(s): <i>(Please tick)</i>

General Information from Parents - Please print clearly

Mother	Father
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:

Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please tick)</i>
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Are there any Custody/Separation/Collection issues regarding your child? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please tick)</i> <i>(If so, please enclose any relevant documentation or attach a note)</i>

Relevant Health Information

Please include all medical conditions/allergies/inhaler etc:

Family Doctor's Name:

Doctor's Phone Number:

Emergency Contact - Please print clearly

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

Contact Name:

Contact Number:

Relationship to Contact (eg. Neighbour):

Do you consent that your child's name and address be given to the East Coast Area Health Board for the purpose of arranging vaccinations and health checks at various stages throughout the primary school years?

Yes No (Please tick)

The HSE asks us to supply information on pupils for dental treatment, eye tests, hearing tests and inoculations. Do you give permission to send HSE contact details?

Yes No (Please tick)

Do you give permission for the school to take your child on local trips? Examples of these would include outings to the church, library, park, sporting event etc.

Yes No (Please tick)

Do you give permission for us to use student's photos on website, blog, newspapers, in the community, etc?

Yes No (Please tick)

I am aware and agree to fully abide by the St. Kevin's Code of Behaviour, Child Protection, Internet and Anti-Bullying Policies (available at the school office or on the school website at <https://www.stkevins.ie/policies>) if my child's application is successful.

Yes No (Please tick)

Signed: _____

Any other relevant information/professional reports?

This Application MUST be accompanied by your child's ORIGINAL birth certificate and two utility bills. (The school will make a copy and return all originals).

Data Protection Statement

The information collected on this form will be held by St. Kevin's National 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 our school's cloudbased student management system - Aladdin. 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 we will not retain your personal details longer than necessary.

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 of students or from students aged 18 or over if the school wishes to disclose this information to a third party for any other reason.

Parents/guardians of students and students aged 18 or over have a right to access the personal data held on them by the school and to correct it, if necessary.

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

(please print name)

Signed parent/guardian: _____

Date: _____