



** Under GDPR guidelines please see Lisheen National School's Privacy Statement and the DES Privacy Statement on the use of POD. These outline how we collect, use, store and safeguard your child's personal data. Our Data Protection Policy is available to view on our school website or in the office.*

Enrolment Form for Lisheen National School

Please read form carefully, fill it out and sign it, then return it to the school with a **copy** of the child's **full birth certificate**. Under the Education Welfare Act, the school is required to inform the Education Welfare Officer where a child has had an absence of 20 + days.

Full Name: _____

Present Address: _____

Post Code: _____ (compulsory)

Date of Birth ____/____/____

Male _____ Female: _____

Telephone No: _____ Emergency Contact No: _____

Contact No to be given to Parent's Association: _____

(this allows them to set up data base to keep parents informed of events).

Nationality: _____.

Religion: _____ Personal Public Service No: _____

Email address: _____



Mothers Maiden Name: _____

Country of Origin: _____ Marital Status: _____

Occupation: _____ Mobile No. _____

Father's Name: _____

Country of Origin: _____ Marital Status: _____

Occupation: _____ Mobile No: _____

Name of child's previous school (if any): _____

Principal's Name _____ Contact No: _____

I/We the Parents of: _____ give consent to the Principal of Lisheen N.S. to access all records and reports pertaining to my child(ren) from the Principal of his/her previous school(s).

Signature of Parent(s) / Guardian: _____.

(It is school policy to contact the child's previous school for a report on the child).

Is your child toilet trained? _____



Any medical condition, which the school should be aware of?

Does your child have any allergies which are life threatening?

eg nuts/bee stings etc.

Yes No .

Does your child use an inhaler in school?

Yes No .

If yes, please inform the class teacher of this.

Has your child attended or is she/he attending any of the following:

Speech & Language Therapist Yes No .

Occupational Therapist Yes No .

Physiotherapist Yes No .

Have you an Educational Assessment on your child? Yes No .

In the event of a medical emergency, do you give permission for your child to be taken to the doctor/hospital? Yes No .

Do you wish your child to participate in the Relationships and Sexual Education Programme and the Stay Safe Programme? Yes No .

Does the school have permission to carry out educational screening tests on your child? Yes No .



Do you give permission for photographs/videos of school events to be taken and/or published on the School Website, School YouTube Channel, School Twitter Account, Parish and School newsletters, and newspapers? Yes No .

I/We, _____ the parent/s of

_____ give consent for my child to attend educational projects* during school term which may occur outside the school grounds and may involve transporting my child to these events. (Permission will be sought for swimming and tours). *e.g. practices in the church; visiting the library, sports centre; arts centre; community schools, etc.

I/ We have read and agree to abide by the Code of Discipline for Lisheen National School.

_____ Date: _____

Signature of Parent(s) / Guardian.

The following information will be stored on the Primary Online Database as requested by the Department of Education and Skills. Parental Consent must be obtained.



Please fill out and sign the consent below.

To which ethnic background does your child belong?

- White Irish
- Irish Traveller
- Roma
- Black African
- Chinese
- Any other white background
- Any other black background
- Any other Asian background
- Other
- No Consent

What is your child's religion:

- Roman Catholic



- Church of Ireland including Protestant
- Presbyterian
- Methodist
- Jewish
- Muslim / Islamic
- Orthodox
- Pentecostal
- Hindu
- Buddhist
- Jehovah's Witness
- Lutheran
- Atheist
- Baptist
- Agnostic
- Other Religion



No Religion

No Consent

Nationality: _____.

Is one of the Pupil's mother tongues (language spoken at home)

Irish / English. Yes No

I consent for POD specific information 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: _____ Date: _____

Parent / Guardian

*For further information on POD please go to the Department of Education and Skills' website.
www.education.ie*