



S.N. Ráth ó gCormaic
Rathgormack N.S.
Carrick-On Suir
Co. Waterford.
Tel. (051) 646377



APPLICATION FORM FOR ADMISSION

Name of Child: _____

Address: _____

Eircode: _____ Male/Female: _____

Date of Birth: _____ PPS No. _____

Parent 1 /Guardian: _____

Phone (Home): _____

Work: _____

Mobile: _____

Email address: _____

Parent 2 /Guardian: _____

Phone (Home): _____

Work: _____

Mobile: _____

Email address: _____

Parent/Guardian mobile contact number to receive text messages from school:

Parent Name _____ Mobile No. _____

Name of contact if parents are unavailable: _____

Telephone: _____

Please state where and to whom your child should be sent if it should be necessary to send him/her home at short notice due to sickness, lack of heating, bad weather etc.,:

Name: _____ Phone No.: _____

Family Doctor: _____

Phone No: _____

Has your child any medical conditions or allergies? Yes No

Has your child any Special Educational Needs? Yes No

If so please give details: _____

State any previous schools/pre-schools attended with a contact name and number:

Please supply any available reports etc., from previous school.

The following is for planning purposes only and there is no commitment on the parents to enrol their child, or on the school to accept enrolment of the child.

Any younger brothers/sisters? _____

If yes – Date of Birth: _____

- Expected date of enrolment _____

1. Do you give permission to have your child taken straight to hospital in case of serious illness or accident, if parent cannot be contacted. (1) Yes No
2. Do you give permission for your child's details to be given to Health Authorities if requested? (2) Yes No
3. Do you consent to your child's photograph been taken and used for school publicity, on school website and on school Instagram page? (3) Yes No
4. Do you consent to your child taking part in any local walks with their teacher? (4) Yes No
5. Do you agree to comply with the school's Code of Behaviour? (5) Yes No
6. Do you consent for your child's uniform to be changed by teacher in the presence of another adult in case of illness or toilet accident? (6) Yes No
7. Do you give consent for your child to use the internet, in accordance with the school's "Acceptable Use Policy"? (7) Yes No
8. Do you give consent to the school to pass on information regarding your child's education to the secondary schools they will be attending if the need arises? (8) Yes No
9. Do you wish your child to take part in the Stay Safe Programme? (9) Yes No
10. Do you give consent for your child to be taken by car to school events, if necessary, e.g. school matches, quizzes, etc. (10) Yes No

The school should be made aware of any Court Order or any change in family circumstances which affects the child's welfare.

Under the National Education Welfare Board we have to report pupils who are absent 20 days or more from a school year.

Under the Children's First guidelines and procedures if we have reasonable cause for concern for a child's safety, or if a child makes a disclosure, we are legally bound to contact the HSE.

We agree to support the policies and practices of the school.

Signed: _____

“Rathgormack N.S. is a school with a Catholic ethos and it also has due recognition for all other religions and cultures.”

Religion: _____

Has your child been baptised?: _____

Place of Baptism?: _____

Do you wish your child to participate in Religious classes?: _____

Do you wish your child to receive the sacraments of Penance, Holy Communion and Confirmation?: _____

If your child has been baptised outside the Parish please submit a **Baptismal Certificate** with your Enrolment Form. **This is not a pre-requisite for enrolment in the school but simply facilitates preparation for Penance and First Holy Communion.**

Data Protection Statement

The information collected on this form will be held by Rathgormack National School in manual and in electronic format. 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 Skills or its agencies will take place only in accordance with legislation or regulatory requirements.

Explicit consent will be sought from Parents/Guardians or 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.

Signed Parent/Guardian: _____