**St. Patrick’s National School**

**Ballinamuck Co Longford**

***Tel: 043 3324063***

***Email:*** ***ballinamucknschool@gmail.com***

 REGISTRATION FORM 2024-2025

The Department of Education and Skills has developed an electronic database of primary school pupils called the Primary Online Database (P.O.D) which involves schools maintaining and returning data on pupils to the Dept at individual pupil level on a live system. The information will be used 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. The database will also contain, on an optional basis, information of the pupil’s religion and on their ethnic or cultural background. The data required for POD is marked with an asterisk \* and will be uploaded to POD **when your child is enrolled.** All other data we need for the efficient running of the school. **In order to assist with the gathering of data please complete this form in CAPITAL LETTERS and return to the school. This form will be retained by the school.**

***Child Details***

**\*Name of Child as on Birth Certificate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*PPSN of Pupil: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Home address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Eircode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Nationality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Mother’s Maiden Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Optional information regarding ethnicity and religion for P.O.D**

**Religious Denomination\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To which ethnic or cultural background group does your child belong (please tick one)?**

**White Irish [ ] Irish Traveller [ ]Roma [ ]**

**Any other White Background [ ] Black African [ ]Any other Black Background [ ]**

**Chinese [ ] Any other Asian[ ] Other (other mixed background) [ ]**

**No consent [ ]**

***The following information is required for the efficient running of the school and will not be uploaded to POD***

**Date & Place of Baptism \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Irish Version of Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (otherwise school will translate)**

**Does your child have any special educational needs? (Give details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any previous playschool/school attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of playschool/school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of playschool/school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class in which child was enrolled (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has child attended Resource Teacher or Learning Support Teacher? (If applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Details:**

**Mothers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home/Work Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Work Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Medical Details:***

**Name of family doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Childhood accident, illness, allergies or medical condition that school needs to be made aware of:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your child attended any outside agency? e.g. Psychologist, Speech Therapist etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child appear to have any difficulties with the following?**

**Hearing Yes No**

**Speech Yes No**

**Vision Yes No**

**Has your child ever had any type of assessment Yes: \_\_\_ No: \_\_\_\_**

**If yes please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Code of Behaviour Acceptance Statement***

**We expect parents and children enrolled in this school to cooperate with and support the school/ Board of Management’s Code of Behaviour as well as other policies on curriculum, organisation and management. These policies may be added to and revised from time to time. If you are happy to comply with school policies, please sign and return to school.**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Legal Guardian(s) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note the following:**

* **The school should be made aware of any court order(s) that are in place relating to any aspect of Guardianship, Custody or Access.**
* **Under Children First Guidelines if we have reasonable concerns for the welfare or protection of any pupils, we have a statutory duty to convey all information to the H.S.E.**
* **Stay Safe (**a personal safety education programme for children at primary school [**www.staysafe.ie**](http://www.staysafe.ie)**) is compulsory but parents have the option to opt out. Parents will be notified before this programme is to be implemented and will have an opportunity to opt out then.**
* **The Board of Management cannot be held responsible for pictures/videos taken by parents at celebrations, school concerts and school related events etc.**
* **Illness**: **We would appreciate, if when your child is sick, he/she is kept at home.**

**If your child gets a contagious illness/infection (measles, headlice, etc.) you are requested to inform the school accordingly.**

* **Children on Medication: If your child needs medication during school hours, please check with the Principal re school policy.**

St. Patrick’s National School

Ballinamuck Co Longford

*Tel: 043 3324063*

*Email: ballinamucknschool@gmail.com*

Each year, 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 occasions may be relevant to your child this year, but they probably will be at some stage in the future.

| **I hereby give permission for my child in relation to the following:** | **Yes** | **No** |
| --- | --- | --- |
| Going on school tours, local educational visits/ and participating in school activities (e.g., matches, visit to park, choir etc)? |  |  |
| Do you give permission to take your child to hospital in case of serious illness or accident.? |  |  |
| Do you give your child permission to use the internet as a resource for learning during school? |  |  |
| Do you give permission for your child to be videoed or photographed for our school website <https://ballinamuckns.ie/>  |  |  |
| Do you give permission for you child to be videoed or photographed for our school Facebook page <https://www.facebook.com/profile.php?id=100095211915647>  |  |  |
| Do you give permission for your child to be photographed for school projects, local newspapers and school related activities? |  |  |
| Do you give your child permission to attend supplementary classes in Literacy and / or Numeracy, if required? |  |  |
| RSE (Relationships and Sexual Education) is taught in an age-appropriate manner under the guidelines of the Department of Education and Skills. Do you give your child permission? |  |  |
| On occasion, the school requests permission from parents / legal guardians to forward educational information regarding your child’s progress to relevant outside agencies such as H.S.E. and C.A.M.H.S. (Children & Adolescent Mental Health Services). Do you consent to allowing the school forward the same, if requested? |  |  |
| Sometimes the school is requested to pass on names of children and their addresses to the H.S.E. for immunisation / dental purposes, to sporting bodies when children are taking part in games outside the school etc. Do you agree to allow the school to pass on this information to such bodies? |  |  |

**Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**St Patrick’s National School,**

**Ballinamuck, Co Longford**

Email: ballinamucknschool@gmail.com

Phone: 043 3324063

School Policies

**Addendum to Acceptable Use Policy**

We have recently updated our AUP (Acceptance Use Policy) and require your consent to the following:

Do you give permission for your child’s work, projects, art work and digital photographs, audio and video clips of your child in a group setting to be published?

 Yes No 

Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The Board of Management cannot be held responsible for pictures/videos taken by parents at celebrations, school concerts etc.*

Dear Parents/Guardians,

I am delighted to share with you that this school year our class will be using Seesaw (<http://seesaw.me>), a secure online journal where students can document and reflect on what they are learning in class. Your child will be able to add the things we work on (including photos, videos, worksheets, drawings and voice recordings) to their Seesaw journal and we can share them privately with you and other family members to view and comment on throughout the school year.

In order for your child to use Seesaw, the app needs your child’s name in order to be able to associate work like their photos, videos or voice recordings with their account. Seesaw only uses this information to provide the service and doesn’t advertise in Seesaw, create profiles of students, or share or sell your child’s personal information or journal content. You can read more about their strong privacy promises here: <https://web.seesaw.me/privacy> .

Under an EU law called the General Data Protection Regulation (GDPR), in order for your child to use Seesaw, the school must get your consent. For more information on GDPR, please visit <https://ec.europa.eu/info/law/law-topic/data-protection/reform/rights-citizens> .

I hope that your child will enjoy using Seesaw to document and share their learning this year. Please sign below and return this permission slip so that your child can use Seesaw.

————————————————————————————————————

Please sign below and return the form.

I give consent for my child, listed below, to use Seesaw for class activities.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_