

# GLEBE NATIONAL SCHOOL

## Enrolment Form

The Glebe

Donegal Town

Phone No. 0749722183

Email: admin@glebenationalschool.ie



### CHILD'S INFORMATION

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

P.P.S: \_\_\_\_\_

Address : \_\_\_\_\_

School Transport Required? Yes  No

\_\_\_\_\_

Bus Operator (if known) \_\_\_\_\_

Eircode: \_\_\_\_\_

Religion: \_\_\_\_\_

Male  Female

Nationality: \_\_\_\_\_

### PARENTAL INFORMATION

	Mother	Father
Name		
Address		
Contact Numbers Home Work		
Preferred Number for receiving texts (1 number only)		
Email address for school correspondence:		
Occupation		
Court Orders: Any relevant legal documentation please give details and supply a copy e.g. Guardianship, Barring Orders, Access etc.		

***Should any of these numbers change while your child is attending this school please inform us immediately.***

### EMERGENCY CONTACT

Please state 3 names other than yourself that we can contact in the case of an emergency.

Name	Relationship	Contact Number

## MEDICAL INFORMATION

Doctor's name and contact number: \_\_\_\_\_

Medical conditions we should know about: - Please tick.

1. Speech  Hearing  Sight  or other difficulties
2. Asthma  Epilepsy  Heart Conditions  Diabetes  Other
3. Allergies: Please provide details: \_\_\_\_\_  
\_\_\_\_\_
4. Does your child require regular medication? Yes  No   
If yes please provide details  
\_\_\_\_\_  
\_\_\_\_\_

If your child should develop any of the above, please inform the class teacher.

## PRESCHOOL / PREVIOUS SCHOOL HISTORY

Has your child attended preschool or a previous school? Yes  No

If yes state name and address: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any additional needs? Yes  No  If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Did your child receive Special Education Support? Yes  No

Has your child been assessed? Yes  No  If yes, please attach the report.

Does your child have an exemption from Irish? Yes  No

## PRIMARY ONLINE DATABASE (POD)

To which ethnic or cultural background group does your child belong?

Please tick one

(Categories are taken from the Census of Population)

White Irish  Irish Traveller  Roma  Any other White Background

Black African  Any other Black Background  Other (incl. mixed Background)

Chinese  Any other Asian Background

I do not consent to provide the above information

Main language spoken at home \_\_\_\_\_

## PRIMARY ONLINE DATABASE (POD)

What is your child's religion?

Please tick one

Presbyterian	<input type="checkbox"/>	Church of Ireland	<input type="checkbox"/>	Roman Catholic	<input type="checkbox"/>	Methodist, Wesleyan	<input type="checkbox"/>
Baptist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim (Islamic)	<input type="checkbox"/>	Orthodox	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Lutheran	<input type="checkbox"/>	Apostolic or Pentecostal	<input type="checkbox"/>
Agnostic	<input type="checkbox"/>	Atheist	<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>	Other Religion	<input type="checkbox"/>
I do not consent to provide the above information <input type="checkbox"/>							

I consent for this 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](http://www.education.ie)

## PARENTAL CONSENT

### Special Education Services:

Do you give consent for your child's engagement with our school Special Education services, in-class support, withdrawal in small groups for literacy/numeracy/social skills development, screening/diagnostic assessment or whole class teaching.

Yes  No

### Code of Behaviour/Anti-Bullying

As a parent I will co-operate with the staff and adhere to the Ethos and the Code of Behaviour, Anti-Bullying of the school.

### First Aid:

During the course of the school day children can have little accidents and cut or bump themselves. We have a first aid kit in the school so we may administer very basic first aid such as cleaning wounds with water, putting plaster on little cuts and icepacks on knocks and bumps. Contact will be made with the family in the case of a bump to the head.

Permission for school to administer basic First Aid Yes  No

### HSE School Nurse:

The school nurse visits to test hearing and sight during the school year. Parents are required to complete a questionnaire form from the nurse beforehand.

Consent for your child's information to be shared with the HSE (Name, DOB, PPS No. Address and parents contact Number) Yes  No

### Relationship and Sexuality Education:

The school teaches Relationship and Sexuality Education (R.S.E.) and Stay Safe Programmes using guidelines provided by the Department of Education and Skills.

Consent for your child to participate in Relationship and Sexuality Education (RSE) and Stay Safe Programmes Yes  No

Please notify the school in writing if you do not wish your child to take part in R.S.E. lessons.

## PARENTAL CONSENT cntd.

### Internet Permission:

I understand that school internet usage is for education purposes only and that every reasonable precaution will be taken by the school to provide for online safety. I accept my own responsibility for the education of my child on issues of Internet Responsibility and Safety. I understand that having adhered to all the enclosed precautions, the school cannot be held responsible if my child tries to access unsuitable material.

Yes  No

### Facebook/Website:

I give permission for my child's photograph, as part of a group, to be shared on our school Facebook page/website. We only share photographs of children in groups taking part in school activities or on special occasions. Individual children's photographs are never shared without parental consent.

I give permission for my child's school work/projects to be shared on our school Facebook page/website. These permissions can be revoked at any time by emailing admin@glebenationalschool.ie to do so.

Yes  No

### Photographs:

Our school is involved in many activities both in school and in the locality where photographs of your child may be taken.

Consent for your child's photograph to be taken by school and outside agencies e.g. newspaper

Yes  No

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OTHER INFORMATION

- Any Other Relevant Information Relating to your Child:

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- Have you younger children to enrol in the future?

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## DECLARATION

I wish to enrol my child in Glebe National School. I hereby undertake for myself and for him/her to observe the rules and regulations of the school.

Parent's/Guardian's Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please complete all sections of this form and provide a copy of your child's Birth Certificate when returning this enrolment form to the school.**

