



REGISTRATION FORM Academic Year 2020-2021
Uimhir Rolla: 09186p



Please complete in BLOCK CAPITALS		CLASS:	
Pupil's Name:		Name in Irish: (Optional)	
Date of Birth:		Male/Female	
P.P.S. Number:		Country of Birth:	
Address:		Nationality:	
		If born outside the country, year of arrival in Ireland:	
Eircode:		Languages spoken in the home:	
Parent/Guardian Details		Parent/Guardian Details	
First Name:		First Name:	
Last Name:		Last Name:	
Relationship to child:		Relationship to child:	
Phone No (Home):		Phone No (Home):	
Phone No (Work):		Phone No (Work):	
Phone No (Mobile):		Phone No (Mobile):	
email Address:		email Address:	
Names of brothers/sisters in this school if applicable:			
Scoil Mhuire, Machaire Áirne uses a TEXT-A-PARENT service to notify parents of important announcements. Please indicate if you wish to be part of this service and specify the number to which you would like such messages sent.		YES	NO
		TEXT-A-PARENT Contact Number	

It is school policy to pass on the above information excepting Religion and Ethnicity to the Department of Education and Skills.

Please tick	Yes	No
<p>Are there any orders or other arrangements in place governing access to or custody of your child?</p> <p>Please note should the answer to this question be 'Yes' an appointment must be made with the School Principal to outline the details of such arrangements.</p>		

The school may share Personal Pupil Data with other organisations such as HSE, Tusla, An Garda Síochána, etc where there is a legal basis for doing so under GDPR.

Name of Previous School/Pre-school:

Address:

Principal/Manager Name: _____ **Phone No:** _____

Additional local contact names, to be contacted in emergencies [Not the same as above]

Name:		Phone No:
Relationship to child:		
Name:		Phone No:
Relationship to child:		
Name:		Phone No:
Relationship to child:		

Please tick	Yes	No
Have you attached a Birth Certificate for your child?		

SCHOOL USE ONLY	
If the language spoken at home is NOT English, an Appointment with our SET Teacher is required.	
Date of Appointment: _____	Time: _____
Teacher:	

Relevant Medical Information:**Family Doctor Name:****Phone Number:****Any medical concern/information of relevance? (use a separate sheet, if required)**
e.g. specific medical conditions/ sight/ hearing**Please Tick****YES****NO****In the case of a medical emergency where you cannot be contacted by the school do you give permission for a member of school staff to take your child to the doctor/hospital?****Has your child any Special Educational Needs?**

Details:

If your child has been engaged with any support agencies (e.g. Enable Ireland, HSE Department of Speech and Language etc.) please indicate the service with which the child has engaged and the nature of the support received, in addition to the time-frame of the support received (i.e. is the support on-going/ finished, including discharge/ awaiting appointment)**Has your child completed any formal assessment with a support agency?****YES****NO**

Consent Form

We would like your permission for the following in relation to your child

Please tick the appropriate box and sign - Both parents/guardians please sign below

Please Tick	Yes	No
Activities Outside/After School		
During the school year classes may undertake activities outside the school premises e.g. visiting the church, library. I consent that my child may do so.		
Facilitated Workshops by external facilitators		
On occasion Scoil Mhuire Machaire Árne engages outside facilitators to conduct workshops in support of the curricular subjects and general ethos of the school. I consent to my child participating in such workshops/presentations.		
D.T. (Digital Technology)		
I give consent for my child to use the computers in the school in line with the school's Acceptable Use Policy. [AUP]		
School Website/Publications: I give consent for the use of school related photographic images which include my son/daughter on the school website, or in other school publications or displays and local press. I understand that s/he will not be identified individually.		
Dept of Education & Skills		
I give written parental consent to share Ethnic or Cultural Background and Religion with the Department of Education & Skills.		
Medical Emergencies		
I give permission for my child to receive any medical attention deemed necessary and to be taken to hospital in case of serious illness or accident.		
School Policies		
I agree to familiarise myself with all school policies, agree to abide by them and agree to discuss them at an appropriate level with my child.		
Scoil Mhuire Code of Behaviour		
I agree to support Scoil Mhuire's Code of Behaviour.		
Competitions		
I give consent to allow my child to enter school competitions and for their name and date of birth to be shared with the organisers.		
SET- Special Educational Support		
On occasion the class teacher may have queries re a child's learning progress. They may wish to seek the assistance of the school's Special Education Teacher [SET Teacher] to ascertain if a child needs additional support in their learning. I give my permission for the class teacher in conjunction with the SET teacher to assess my child's learning progress and specific needs, following which a meeting with teachers and parents will be arranged to discuss assessed/observed needs and future action/support.		

IMPORTANT: REMEMBER TO SIGN

I/we wish to enrol my/our child in Scoil Mhuire Machaire Árne	
Signed:	Parent/Guardian Date:
Signed:	Parent/Guardian Date:
Both Parents/Guardians to sign	