Portlaw N.S. School Enrolment Form

Surname:		**No of children in family:**	
First Name(s):		**Names of children attending Portlaw N.S.:**	
		Phone No. Home:	
Full Address: **Eircode:**		**Phone No. Work:**	
		Mother/Guardian Mobile No.:	
		Father/Guardian Mobile No.:	
Date of Birth:		**Other Contact:**	
Male/Female:		**Emergency No.:**	
Class:		**Doctors Name:**	
Father/Guardian:		**Doctors Address:**	
Fathers Occupation:		**Doctors Phone No:**	
Mother/Guardian:		**Doctors Mobile:**	
Mothers Occupation:		**Child's PPSN No.**	
Other Comments:		**Previous Education/Preschool:**	
Medical History:		**Parents Email Address:**	

Religion:	**Parish:**	**Nationality:**

Do you give permission for your child to attend RSE? **Yes** **No**

Do you give permission for your child to attend the Stay Safe Programme? **Yes** **No**

Do you give permission to take your child straight to hospital in case of serious illness or accident? **Yes** **No**

Does any legal order under family law exist that the school should know about? **Yes** **No**

Is English your child's first language? **Yes** **No**

Does your child have any speech and language difficulties? **Yes** **No**

Give Details:

Has your child attended speech and language therapy? **Yes** **No**

Has your child ever undergone a psychological Assessment? **Yes** **No**
If 'Yes' please enclose copy of same

Does your child have any sight difficulties? **Yes** **No**

Does your child have any hearing difficulties? **Yes** **No**

Does your child have any physical difficulties? **Yes** **No**

Does your child have any disability that may impact on their learning? **Yes** **No**

Has your child any medical issues the school needs to be aware of? **Yes** **No**
Give Details:

Is there any information the school needs to know regarding family, health etc.? **Yes** **No**
Give Details:

Do you give permission for images of your child to be used on the school website? **Yes** **No**

Do you give permission for images of your child to be taken for publication by local papers **Yes** **No**

Do you give permission for images of your child to be taken by external agencies and used by their organisation? **Yes** **No**

Are you prepared to accept the school's Code of Discipline? **Yes** **No**

Do you consent to your child receiving special education support if needed? **Yes** **No**

Is there any additional information you wish to share with the school? **Yes** **No**
(Please use separate sheet)

Please include the following with the application

- **Birth Certificate**

****We suggest children be 4 years old prior to the end of March in the calendar year they are starting Junior Infants. If they are not you will be asked to attend a meeting with the Principal.**

The school believes children are best served by starting school at five when they are more developmentally ready for the social and academic demands of the classroom, allowing them to engage more confidently with structured learning, group activities and the navigation of friendships. This supports a smoother transition and helps ensure that children can fully benefit from early educational experiences.

Data Protection Consent

- Data Controller - Portlaw N.S., Board of Management.
- The rationale for collecting data: Data provided will be used to meet the educational, social, physical and emotional requirements of your child.
- The persons or categories of persons to whom the data may be disclosed e.g.
  - Relevant school staff
  - DES
  - Other third parties operating in the education and welfare sphere e.g. NCSE, NEWB, NEPS, SESS, the HSE, TUSLA, An Garda Síochána
  - Other third parties with whom the school contracts, such as administration software companies (currently Aladdin).
- You have the right to access your personal data.
- You have the right to rectify your data if inaccurate or processed unfairly.
- Further details can be found in the school's Data Protection Policy.

Signature of parent/s or guardian/s_____

Date:_____