

# **REGISTRATION FORM/FOIRM CLARÚ**

## **SCOIL CHOLMCILLE – AN TEARMANN**

Full Name of Child; \_\_\_\_\_

Ainm an phaiste: \_\_\_\_\_

(Muna bhfuil eolas agat ar an t-ainm Gaeilge cuirfidh an scoil an t-ainm Gaeilge isteach).

Date of Birth/*Data Breithe* \_\_\_\_\_

Address/*Seoladh* \_\_\_\_\_  
\_\_\_\_\_

Eircode/ \_\_\_\_\_ PPSN \_\_\_\_\_

Home Telephone Number/*Uimhir Ghuthan Baile* \_\_\_\_\_

Name and Class of Siblings in the School \_\_\_\_\_

The following information is needed for registration purposes:

Father's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Language/s Spoken at Home: \_\_\_\_\_

With whom does the child normally reside: Name/s: \_\_\_\_\_

Name of Preschool Attended (if any)

*Ainm Scoil a rinne do pháiste freastál ar roimhe* \_\_\_\_\_

1<sup>st</sup> contact person if parent not available:

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

Phone No. \_\_\_\_\_

2<sup>nd</sup> contact person if parent not available: Name \_\_\_\_\_

Phone No. \_\_\_\_\_

Has your child ever been referred to a behavioural/learning specialist by your doctor?

\_\_\_\_\_

Has your child any allergies: \_\_\_\_\_

If yes please give details: \_\_\_\_\_

Does your child appear to have any difficulties with the following: Hearing:

Speech:

Vision:

If you have answered yes to any/all of the above please give details:

\_\_\_\_\_

\_\_\_\_\_

Do you give permission to school staff/personnel to seek medical help for your child in the case of an emergency?

**Yes**      **No**

Do you give permission for your child to take part in the Stay Safe Programme and the RSE programme?

**Yes**      **No**

Do you give permission for your child's photograph to be used for school related activities?

***Yes***      ***No***

Do you give permission, under our Pupil Intimate Care Supervision Policy, for your child's clothes to be changed if required eg toilet, yard fall etc

***Yes***      ***No***

**Department of Education: Primary Online Database(POD) Information**

**Please tick appropriate box:**

**Ethnic or Cultural Background**

White Irish	Irish Traveller
Roma	Other White background
Black African	Other background
Chinese	Other Asian background
Other (inc mixed background)	Other Asian Background
No Consent	

**Religion**

No Religion	Roman Catholic	Buddist	Muslim
Church of Ireland (Inc Protestant)	Agnostic		
Jehovah's Witness	Atheist		
Apostolic or Pentecostal			
Orthodox (Greek, Coptic, Russian)	Baptist		
Hindu	Jewish	Presbyterian	Methodist, Wesleyan Other religions

***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 school to which my child transfers.***

**Yes      No**

The information I have given in this form is accurate.

I/We the undersigned have read a copy of the school's code of conduct and agree as a family to abide by the rules of the school and further agree that the times allocated for admission and departure of children will be adhered to according to the class the child is attending.

**We gather and process your child's personal data for the purposes of administering the education of your child. To facilitate this, we will input your child's data into the schools Management Information System, Aladdin. Aladdin is a secure software as a service application which is owned and run by Cloudware Ltd. (T/A Aladdin Schools), from where the data is only processed for the above purpose**

All applications are submitted to the Board of Management for approval. Applicants will be notified in writing.

**Both parents/legal guardians (if applicable) to sign**

***Birth Certificate is required upon enrolment.***

**Signature of Parents/Guardians** \_\_\_\_\_ / \_\_\_\_\_

**Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signed \_\_\_\_\_ Parent/Guardian

Signed \_\_\_\_\_ Parent/Guardian

***Birth Certificate is required upon enrolment.***

INCLUDED:

Birth Certificate	<b><i>Yes</i></b>	<b><i>No</i></b>
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