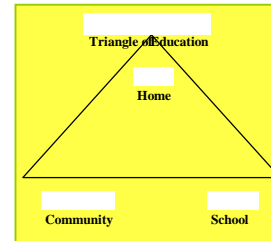


St Fintan's National School
 Mayglass
 Bridgetown
 Co Wexford
 Y35 TE83



Application for Enrolment

Child's Personal Details			
First Name		Address:	
Surname			
Date of Birth			
Nationality			
Child's first language:		PPSN:	
Name of previous school/playschool			

Parents/Guardians			
Who has Legal Custody of the child: (Please tick)	Both parents: <input type="checkbox"/>	One parent: <input type="checkbox"/> Name:	Other: <input type="checkbox"/> Name:
Parent/Guardian 1	Parent/Guardian 2		
Name:		Name:	
Address: (if different to Child)		Address: (if different to Child)	
Phone number		Phone number:	
First Language:		First Language:	
Emergency Contact(s): 1. 2.	Name(s) 1.		
	2.		
	Phone no(s)1.	2.	

Medical Details			
Name of GP		Phone:	
Allergies and/or medical conditions:			

Birth Certificate to be attached to enrolment form

Please Note: In the event that your child may require any special assistance or has any additional needs please contact the Principal as soon as possible and we will arrange a meeting with our SEN team to assist in establishing your child's educational and care needs.

Person who will usually collect child	
Name:	Name:
Phone Number:	Phone Number:

Application for school bus tickets for eligible pupils on bus route must be made by parents to Bus Éireann, Primary School Transport Office, Waterford. (If in doubt about this please contact the school.)

School Emergencies/Sickness

School Emergencies/Sickness/Unexpected Closures, etc. The following information will be used by the school in the event of:

1. Your child feeling sick
2. An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils
- 3 An unexpected closure of the school If a child gets sick, or the school has to close unexpectedly, and there is no one at home or the school is unable to contact you, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child.

Person the school will contact	
Name:	Name:
Phone Number:	Phone Number:

Medical Emergency / Accident

In the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you. I authorise that at their discretion a member of staff may bring my child to a Doctor/Hospital if an emergency arises.

Signed (Parent/Legal Guardian): _____

It is the responsibility of parent(s) /guardian (s) to notify the school of any food allergies. Does your child have an allergic reaction to medication or food?

Allergy	

Tel 053/9135279 086/8392775 email: st.fintans.mayglass@gmail.com
 website: mayglassns.weebly.com
 Chairperson: Mrs Elizabeth Nolan Principal: Ms Bernadette Leahy

All information on this form is strictly confidential. For our procedures on data processing and retention, please refer to our Privacy Statement available on school website.

Permissions, please tick the yes or no option provided:

	Yes	No
In the event of extended school closures, the school uses Digital Learning Platforms e.g. Seesaw and Google Classroom. These are GDPR protected and are recognised by the Department of Education as a suitable platform for children's use. I give permission for my children's work, photograph and videos to be shared on these platforms.		
I give permission for my child's photograph to be used on the school website and twitter account * (name will not be included)		
I give permission to allow my child's photograph/image to be included in school-related activities, competitions, etc.*		
During your child's time in Mayglass N.S., it may be necessary from time to time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for diagnostic tests to be carried out with my child.		
I give permission for my child to attend the Learning Support/Resource teacher if deemed necessary following discussions with the school.		
I have received a copy of the school's Code of Behaviour and agree that my child and I will adhere by it.		

I acknowledge that I have read and accepted the Code of Behaviour, Anti-Bullying Policy, Substance Use Policy and Internet Use Policy of Mayglass National School, which are available on <https://mayglassns.weebly.com/> or on request from the school office.

I agree to abide by same. Please initial _____.

I / we give permission to the school to upload details for my child's PPS Number, Name, Address, Date of Birth, Nationality, (Religion & Ethnic Background Optional) into the POD system. (For further information on POD please go to the Department of Education and Skills' website www.education.ie)

Signed: _____ Signed: _____

Please note that 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.