



**Radharc Na Mara Primary School**  
**Mervue Galway. Tel: 091 – 755920**  
[secretary@radharcnamaramervue.ie](mailto:secretary@radharcnamaramervue.ie)

### Student Enrolment Form

Date Enrolled	Class Level	D.O.B.	Teacher	P.P.S No
Birth Cert	Baptismal Cert (If Applicable)	Utility Bill	Book Deposit	Reports etc.

#### Child's Details

Name:	
Date of Birth:	
Address/Erode:	
Gender:	
Mothers Maiden Name:	
Birth Certificate Forename (If different from above):	
Birth Certificate Surname (If different from above):	
Year of arrival of child in Ireland:	
Language spoken at home:	
Religion:	Nationality of Child:
No of children in family:	Position in family:
Does your child have any brothers or sisters attending Radharc Na Mara Primary School? If yes, please state name(s):	

### Family Details

Parent/Guardian	Parent/Guardian
Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
Nationality:	Nationality:
Email:	Email:
Mobile Phone No:	Mobile Phone No:
Work/Home Phone No:	Work/Home Phone No:
<b>If there are any orders or other arrangements in place governing access to, or custody of, the child, please provide copy where applicable: Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
Please indicate person to whom correspondence is to be sent if different from above:	
Name:	Relationship:
Address: _____ I	

### Educational Details

Name & Address of Pre-School Attended:	Name & Address of Previous Primary -School:
	Class Level completed to date:
Has your child a report from an outside agency e.g. CAMHS/Psychology/OT, Speech and Language, etc. <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>	
Has your child a Special Needs Assistant (SNA)? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>	
Category of Special Needs: _____	
Signed: _____ Parent/Guardian	

### Medical Details:

Doctor's Name:	Phone No:
Doctor's Address:	
Health concerns for child / Disability / Allergies? Nature of same:	
Procedures to follow (for particular illness):	
In the event of an emergency, should the school fail to contact me, I give permission to the school to seek medical care for my child.	
Parent/Guardian sign : _____	

<b>Other Emergency Names and Contact Numbers:</b>	
Name:	Name:
Phone:	Phone:
Relationship to child:	Relationship to child:

### **Consent to Transfer Information /Data**

I /We consent to the Principal of Radharc Na Mara Primary School to access and transfer all details and data regarding my child including records and reports and all information from the primary online database 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: \_\_\_\_\_  
Parent / Guardian

#### **P.O.D**

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. Both religion and ethnic and cultural background are sensitive personal data categories under Data Protection legislation. These questions are optional. While these questions are optional, the information would be very useful to the Department for statistical and research purposes. Aggregated information on Ethnic/Cultural background will be used to track the progress of these groups, and to compare their progress with other groups, thereby identifying gaps in the system and assisting in the development and implementation of appropriate policies and interventions. Aggregated information on religion will be used for statistical purposes only. Parents/guardians are asked, if they wish to do so, to identify their children's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. This page of the form will be retained by your primary school. For further information, please contact the Department of Education @ 09064/83600 or 01/8892311 or by email at pod@education.gov.ie

***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 or Black Irish - African
- Black or Black Irish  Any other Black Background  Asian or Asian Irish
- Chinese
- Asian or Asian Irish  Any other Asian background
- Other (inc. mixed background)  No Consent

***What is your child's Religion:***

- Roman Catholic  Church of Ireland (incl. Protestant)  Presbyterian
- Methodist  Wesleyan  Jewish  Muslim (Islamic)  Orthodox (Greek, Coptic,

Russian)  Apostolic or Pentecostal  Hindu  Buddhist   
 Jehovah's Witness  Lutheran  Atheist  Baptist  Agnostic  Other Religions   
 No Religion  No Consent

**Nationality:** (In the case of dual citizenship where Irish is one, please choose Irish):  
 \_\_\_\_\_

I/We consent for the sensitive personal data in the two questions above to be stored on t  
 the Primary Online Database (POD) and transferred to the Department of Education and  
 Skills and any other primary schools my/our child may transfer to during the course of  
 their time in primary school.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian

**Parental Consent**

I /We give permission for my/our child's photo:

- |   |  |
|---|--|
| To appear in the school administration/database only. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| To appear in the school website                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| To appear in the newspaper.                           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| To appear on the school Facebook page                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |

I/We will provide copies of recent language, psychological or other professional  
 assessments to the school. Yes  No

I/We wish my/our child to be instructed in the Catholic faith. Yes  No

- (i) I/We understand that there is no compulsion on my/our child to take part in the religious education classes in the school. Yes  No
- (ii) I/We understand that, given the resources in a school the size of Radharc Na Mara Primary School, it will not be possible for my/our child to stay outside the classroom during Religion lessons. Yes  No
- (iii) While I/we do not wish my/our child to be taught in the Catholic faith, I/We respect the rights of the other children to do so and I/We will ensure that my/our child does or says nothing that would undermine or compromise this basic right to religious expression. Yes  No
- (iv) I/We understand that from time to time, children will visit the church for Sacramental preparation, attendance at services and preparation for church events. Yes  No

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

**Parent Contract**

In registering my/our child as a student in Radharc Na Mara Primary School, I/we understand that this implies a full acceptance of the School Policies and procedures, Code of Behaviour and Attendance of the school as set and reviewed by the Board of

Management. Yes  No

I understand that these policies, procedures, codes are available to view and read in the school office and on the school website: [radharcnamara.weebly.com](http://radharcnamara.weebly.com)

As a partner in the education of my/our child, I/We recognise the need for me/us to do the utmost to support the work of the school. Yes  No

I/We will contact the school should there be a change in family circumstances that effect the emotional and educational development of my/our child. Yes  No

By signing below, I /we, am/are, giving explicit consent for Radharc Na Mara Primary School to confirm and retain and use the information, I/We have provided for the educational benefit of my/our child. Yes  No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian

Signed: \_\_\_\_\_ Date: \_\_\_\_\_