



**Brierfield National School**  
**Brierfield, Tuam, Co Galway.**

**Telephone: 093 49376 Roll No: 14294W**

**Email:** brierfieldnationalschool@gmail.com **Web-site:** [www.brierfieldschool.ie](http://www.brierfieldschool.ie)

**Enrolment Form**

**Child's Personal Details:**

Surname: \_\_\_\_\_

First Name/s: \_\_\_\_\_

Birth Cert Surname (if different from above): \_\_\_\_\_

Birth Cert Forename (if different from above): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_

PPS No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Eircode: \_\_\_\_\_

Phone number: \_\_\_\_\_

Class applying for: \_\_\_\_\_

Year to be enrolled: \_\_\_\_\_

\*Is one of the child's mother tongues (i.e. language spoken at home),

English/Irish Yes \_\_\_\_ No \_\_\_\_

\*optional question

## Additional Information for the Primary Online Database (POD).

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 & Cultural background are sensitive personal data categories under Data Protection legislation. 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. Enhanced capitation in respect of pupils who are members of the Traveller Community will be paid to schools on the basis of the answers to this question. 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 to this information retained by your primary school. For further information, please contact the Department of Education on: 09064/83600 or 01/8892311 or by email at [pod@education.gov.ie](mailto: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–Africa   
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(Anglican)  Presbyterian   
Methodist, Wesleyan  Jewish  Muslim(Islamic)   
Orthodox(Greek, Coptic, Russian)  Apostolic or Pentecostal  Hindu   
Buddhist  Jehovah's Witness  Lutheran   
Atheist  Baptist  Agnostic   
Christian Religion(not further defined)  Protestant  Evangelical   
Other Religions  No Religion  No Consent

*I give 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 primary schools my child may transfer to during the course of their time in primary school.*

1.Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

2.Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*If Religion is Roman Catholic and you wish your child to receive Sacrament of Penance and First Holy Communion please include copy of Baptismal Cert.

**Parent/Guardian Information:**

1.Parent/Guardian	2.Parent/Guardian
First Name/s:	First Name/s:
Surname:	Surname:
Parent Birth Surname:	Parent Birth Surname:
Address:	Address:
Eircode:	Eircode:
Contact Phone No:	Contact Phone No:
Mobile No for school text messaging service:	Mobile No for school text messaging service:
Email Address:	Email Address:
Nationality:	Nationality:

**In the event of an emergency and being unable to contact a Parent/Guardian please provide two alternative names and phone numbers:-**

1. Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Does any legal order under Family Law exist in relation to this child?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, a copy of the court order is required.

**Educational Details:**

Previous Schools Attended:

Years (from-to)	Creche/School Name and Address

**Other Relevant Information:**

Has your child been assessed by:

Educational Psychologist?      Yes      No

If yes, please specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Speech Therapist?                  Yes      No

If yes, please specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupational Therapist?          Yes      No

If yes, please specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any extra educational needs? Yes      No

If yes, please specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Relevant Medical Information:**

Does your child suffer from any illness that the school should be aware of?

Yes      No

If yes, please specify \_\_\_\_\_

\_\_\_\_\_

Does your child suffer from any allergy that the school should be aware of?

Yes      No

If yes, please specify \_\_\_\_\_

\_\_\_\_\_

Does your child require medication that the school should be aware of?

Yes      No

If yes, please specify \_\_\_\_\_

\_\_\_\_\_

**Doctor's Details:**

Child's Doctor:	
Doctor's Phone No:	
Doctor's Address:	

1. Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Parent/Guardian Consent Form:**

### **School Outings:**

During the year, there may be excursions and trips to various places, for example, school tour, visit to the woods and other school events.

I/We give permission for my/our child to attend these events.

Yes \_\_\_\_\_ No \_\_\_\_\_

### **Photos and Recordings:**

Throughout a child's life in school, there are occasions when they may be photographed or recorded. This would occur at various times, such as first day at school, concerts, sports day, etc. In general, these photos or recordings just appear within the school. Occasionally, they may be used outside of the school, e.g. in newspapers (team photos etc.) or in the church (First Holy Communion and Confirmation). They may also be used in our school Facebook Page and Website as set out in our Acceptable Use Policy (available on [www.brierfieldschool.ie](http://www.brierfieldschool.ie) or from our school office)

I/We give permission for my/our child's photo or recording to be used.

Yes \_\_\_\_\_ No \_\_\_\_\_

### **Internet Acceptable Use Policy:**

I confirm that I have read the school's Acceptable Usage Policy (available on [www.brierfieldschool.ie](http://www.brierfieldschool.ie) or from our school office) and I accept the rules and guidelines pertaining to use of Internet and our school Facebook Page and Website.

Yes \_\_\_\_\_ No \_\_\_\_\_

### **Seesaw:**

We are currently using Seesaw (<http://seesaw.me>), a secure online journal where students can document and reflect on what they are learning in class. Your child will be able to add the things we work on (including photos, videos, worksheets, drawings and voice recordings) to their Seesaw journal and we can share them privately with you to view and comment on throughout the school year.

You can read more about their strong privacy promises here: <https://web.seesaw.me/privacy>.

I/We give consent for my child, listed below, to use Seesaw for class activities.

Yes \_\_\_\_\_ No \_\_\_\_\_

### **Educational Testing:**

I/We give permission for my/our child to undergo various educational tests and diagnostic assessments while in Brierfield N.S.

Yes \_\_\_\_\_ No \_\_\_\_\_

### **Medical Emergencies:**

In the event of an emergency, should we fail to be able to contact you, do you give permission to the school to seek medical care for your child, from a doctor / hospital?

Yes \_\_\_\_\_ No \_\_\_\_\_

### **Stay Safe/Relationships and Sexuality Programme (RSE):**

I/We understand that participation in the Stay Safe Programme is compulsory and accept my/our child's participation in the Stay Safe / RSE Programmes.

Yes \_\_\_\_\_ No \_\_\_\_\_

*Brierfield National School*

In registering my child as a student in Brierfield NS, I understand that this implies a full acceptance of the School Policies and procedures, Code of Behaviour/Discipline and attendance of the school as set out and reviewed by the Board of Management (policies available on [www.brierfieldschool.ie](http://www.brierfieldschool.ie) or from the school office).

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

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

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled access to their child during school hours. If there is any change in this regard (court orders, legal proceedings etc.) or if there is any other information which you think may be relevant, I will undertake to inform the school immediately.

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

By signing below, I am giving explicit consent to Brierfield NS to confirm and retain and use the information I have provided for the educational benefit of my child:

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

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

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

Documents Enclosed:

Copy of Birth Certificate (*compulsory*)

Copy of Baptismal Certificate (*if applicable*)

Professional Reports (*if applicable*)

Copy of Custody Agreement (*if applicable*)