*Donaghpatrick National School*
*Caherlistrane*
*Co Galway*
*H91 W3Y6*
*Roll No: 17207Q*

*Mobile: 087-2445277*
*E-mail: info@donaghpatrickns.ie*
*Website: www.donaghpatrickns.ie*
*Principal: Muireann Cradock*
*Principal e-mail:principal@donaghpatrickns.ie*

# Application Form for Admission 2027-2028

| **Student's Personal Information** | | | |
|---|---|---|---|
| **Enrolment Year:** | | **Class Entering:** | |
| **Student's Name:** (as per birth cert) | | | |
| | **First** | **Middle** | **Last** |
| **Student's Preferred Name:** | | **Student's First Language:** | |
| **PPS Number:** | | **Male/ Female:** | |
| **Date of Birth:** | | **Nationality:** | |
| **Mother's Maiden Name:** | | | |
| *** Please provide a copy of Birth Certificate and PPS Number before the start of the school year.** | | | |

| **Parent/ Guardian 1** | | **Parent/ Guardian 2** | |
|---|---|---|---|
| First Name: | | First Name: | |
| Surname: | | Surname: | |
| Address incl. Eircode: | | Address: (if different from Parent/ Guardian 1) | |
| Relationship to Student: | | Relationship to Student: | |
| Contact No: | | Contact No: | |
| Mobile: | | Mobile: | |
| Work No: | | Work No: | |
| Email: | | Email: | |

## Emergency Information:

Please specify the order of those to be contacted in relation to issues surrounding your child that may arise during school hours by placing a 1st /2nd in the boxes or completing Other.

| | | | | |
|---|---|---|---|---|
| Parent/ Guardian 1: | | Contact No: | | |
| Parent / Guardian 2: | | Contact No: | | |
| Other, Specify | Name: | | Relationship to student: | |
| | Home No: | | Mobile: | |

## Educational Information

| | | | | | | |
|---|---|---|---|---|---|---|
| Name of Pre-School/ School | | | Level/ Class: | | | |
| Years | From: | | To: | | | |
| Has your child ever attended Speech and Language Therapy? | | | Yes | | No | |
| Is your child on a waiting list for speech and language? | | | Yes | | No | |
| Has your child ever attended an Assessment of Need (Early Intervention Services)? | | | Yes | | No | |
| Has your child ever attended any other services or agencies? | | | Yes | | No | |
| If you answered yes to any of the above, please give details here: | | | | | | |
| If you have any other developmental concerns, please specify: | | | | | | |

## Medical History

| | | | | |
|---|---|---|---|---|
| Does your child have any medical condition or allergies of which the school should be aware? | Yes | | No | |
| If yes, please specify: | | | | |

**Note: Administration of Medication Policy:**
Should your child require medication during the school day e.g. inhaler etc. or have any allergies, it is the responsibility of the parent(s)/guardian(s) to notify the school/class teacher so that correct procedures can be put in place.

Parent/ Guardian 1 Signature: _____ Date: _____

Parent/ Guardian 2 Signature: _____ Date: _____

**First Aid**

Unfortunately, children regularly have minor accidents in the yard at school. In order to avoid further distress to the child we practise a very simple procedure of first - aid. Cuts and grazes are cleaned with water only and a simple plaster may be applied. Ice packs are available for bangs and bumps, at the teacher's discretion. Ice is used for wasp and bee stings. It is the parents' responsibility to examine the injury when the child arrives home and to administer any further aid required.

I agree with this practice.

**Medical Emergency/Accident:**

In the event of not being able to contact you, the child's parent/s / guardian/s, consent will be given by you, the parent/s / guardian/s to staff member/s to

- make an informed decision, with/without advice of emergency services, as to the best possible measures to be taken for the welfare of your child/ren.
- contact emergency services
- give permission to emergency services to carry out necessary procedure/s

I agree with this practice.

**Medical Indemnity:**

I hereby agree to indemnify and keep indemnified the Board of Management, its servants and agents including without prejudice to the generality the said teaching and non-teaching staff of the said school from and against all claims, both present and future, arising from the administration or failure to administer first aid/emergency procedures.

**Diagnostic Testing:**

During your child's time in Donaghpatrick National School, it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual/group basis in order to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.

**School Attendance:**

Donaghpatrick National School recognises the importance of regular school attendance which is promoted in its School Attendance Policy. We are legally obliged through the Education Welfare Act 2000 to notify Túsla if your child is absent for 20 or more days during any school year. When your child is absent from school, it is necessary for you to fill in the reason on our Aladdin System via the app. Such reasons are kept in the school in case of a possible enquiry by Túsla. I agree to co-operate in this regard.

**Sharing Information:**

- I give permission to allow my child's details (name, address, date of birth, P.P.S. Number etc.) to be given to agencies such as the Department of Education and Skills Primary Online Database, the HSE etc.
- I give permission to allow my child's photograph/image work to be included in school-related activities, school website, competitions etc.
- I give permission for my child to participate in school activities with Visiting Teachers.
- I give permission for my phone number to be forwarded to the relevant teachers.

**Change of family circumstance/guardianship:**

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, it is very important that the school is informed immediately.

**Consent for Sensitive Information for Department of Education and Skills Primary Online Database:**

The Department of Ecuation and Skills have developed an electronic database of primary school pupils called the Primary Online Database (POD). This database will allow the Department to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns for grant payment and teacher allocation purposes.

Both religion and ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil's parent/guardian to identify their child's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills.

All other information held on POD was deemed by the Data Protection Commissioner as non-sensitive personal data. In order to assist with the gather of data, please complete the following:

| | |
|---|---|
| **Religion of Student:** | |
| **Ethnic & Cultural Background:** | |

I consent to 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.

I declare the above information to be correct and understand that it will be treated as confidential.
I acknowledge that I have received, read and accepted the following policies of Donaghpatrick National School:

- General School Policy,
- Code of Behaviour,
- Anti-Bullying Policy
- Healthy Eating Policy

Other information is available on our school website: www.donaghpatrickns.ie

Parent/ Guardian 1 Signature: _____ Date: _____

Parent/ Guardian 2 Signature: _____ Date: _____