

St Mary's C.B.S.
 Borris Road,
 Portlaoise,
 Co Laois



Phone: 057 8635041
 Fax: 057 8631177

Principal: Ms Maura Murphy
 Deputy Principal: Mr Brian Thompson
 Deputy Principal: Mr Cyril Mulligan

First Year Enrolment Application Form For School Year starting in September 2018

First Name(s): _____ Surname: _____

Date of Birth: _____ Pupil PPS No: _____

Address: _____

_____ Eircode: _____

Country of Birth: _____ Nationality: _____

Mother's Maiden Name: _____ Mother's Name: _____

Mother's Mobile: _____ Mother's Work No: _____

Father's Name: _____ Father's Mobile: _____

Father's Work No: _____ Home Phone: _____

Parents' Contact Email Address: _____
 (Clearly Written)

Emergency Contact Name & No: _____

1. What primary school did your son attend?	
2. Have you another son(s) currently in school in St. Mary's CBS?	YES / NO
If so, please state name(s) and class (es).	
3. Are you a staff member of St. Mary's CBS?	YES / NO

For Office
 Use Only:

Time Received: _____
 Received By: _____

 Application No: _____

School Stamp

Does your son have a Medical Card

Yes / No

If yes, please supply Medical Card number:

Primary School Telephone No: _____ **Roll No:** _____

Please indicate if your son has been involved with any other outside agencies that are relevant to school:

1. Details of Guardianship, custody and/or Access order/Arrangements which the school should be aware of.

2. Has your son been assessed and diagnosed with a Specific Learning Difficulty which entitles him to (a) Special Needs Resource Teaching or (b) A Special Needs Assistant? Please give brief details.

3. Is your son currently in receipt of Learning Support in primary school for (a) Literacy, (b) Numeracy, (c) both:

4. Are there any agencies involved in supporting your sons learning i.e. HSE, Speech Therapist, Counsellor, Occupational Therapist etc. If so, please specify:

5. Has your son received a formal exemption from the study of Irish whilst attending Primary School? Full documented evidence of this exemption must be provided.

6. Does your son suffer from a medical condition that requires daily medication? If so, please give brief details:

All correspondence to be addressed to:

Name: _____

Address: _____

Do you wish to have correspondence sent to another Parent / Guardian at a separate address? If so, please give details below:

Name: _____

Relationship to student: _____

Address: _____

The school uses text messaging to communicate with Parents/Guardians. When the school is sending text messages, messages should be sent to (Please tick one):

Fathers Mobile Only Mothers Mobile Only Both Mobiles

I verify that the above information is true:

Signature of Parent(s) / Guardian(s): _____

Date: _____

**Please note*

The closing date for the return of completed Application Forms for entry into First Year for the 2018/19 school year is Friday 13th October 2017 at 12 noon. All applications received after this date and time will be considered to be late applications and will go onto a "Late List".

Please return the following information to the school with **all** completed Application Forms:

- Students Birth Certificate. (Copy)
- 2 Signed Passport Photographs.
- Psychological Report (if applicable)
- Official Letter of Exemption from Irish (if applicable)

Applications will not be considered until all the relevant documentation has been submitted to St. Marys CBS.

Data Protection

The school is a Data Controller under the Data Protection Acts 1998 and 2003. Personal data supplied on the enrolment form will be used for the purposes of student enrolment, registration, administration, child welfare and to fulfil any other legal obligations. While the information provided will generally be treated as confidential to the school, from time to time it may be necessary for the school to exchange personal data on a confidential basis with other bodies including the Department of Education and Skills, Department of Social and Family Affairs, An Garda Síochána, the Health Service Executive, National Educational Welfare Board. Contact details will also be used to notify you of school events and activities.

The school relies on parents/guardians to provide us with accurate and complete information and to update us in relation to any change in the information provided. You should write to the Principal should you wish to update or access your child's personal data.

Please see our school website at www.portlaoisecbs.com for a copy of a notice to parents, guardians and students over 18 from the Department of Education and Skills outlining how personal data of students of students in this school is returned to the Department of Education and Skills, and how this data is fairly processed and in compliance with the Data Protection Acts 1988 and 2003.

Consent Form for Sensitive Personal Data for the School's October Return to the
Department of Education and Skills

Certain sensitive personal data which the Department asks post-primary schools to furnish via the "Annual Post-Primary School October Return/Examination Entries" process requires your written consent for your child's school to record this information and for the school to forward this information to the Department for purposes as outlined in circular 0047/2010 a copy which is available at www.education.ie or on request from your child's school.

Please note that the reference to "you" in this consent form means a parent or a guardian of a student, or a student aged 18 years and over who is attending a recognised post-primary school.

Please enter the following details in BLOCK CAPITALS

Name of School:

Name of Parent/Guardian:

Name of Student:

Class year of student

1. Where your child is currently in 1st Year do you or your child possess a medical card?
(Please CIRCLE the appropriate answer)

YES NO

2. Is your child a member of the Traveller Community *?
(Please CIRCLE the appropriate answer)

YES NO

** "Traveller Community" means the community of people who are commonly called Travellers and who are identified (both by themselves and others) as people with a shared history, culture and traditions including, historically, a nomadic way of life on the island of Ireland. Section 2(1) of the Equal Status Act, 2000*

Signed: _____ Date: _____

Parent/Guardian/Student

Please complete this form and return to your post-primary school. This form will be retained by the post-primary school and will be made available for inspection by authorised officers of the Department or from the Office of the Data Protection Commissioner.

**Form for the collection and return of student data by the school
to the Department of Education and Skills.**

NAME OF SCHOOL _____

ADDRESS OF SCHOOL _____

NAME OF STUDENT _____

Date of Birth of Student _____

Academic year which student is in _____

Q1: What is the student's NATIONALITY? _____

4 NATIONALITY is the preferred nationality which the parent/guardian (or student, where of an age deemed competent to do), so provides. It is chosen regardless of whether the student is adopted or has dual nationality.

5 MOTHER TONGUE is the language a child speaks as their first language. (please use BLOCK CAPITALS)

Q2: Is English or Irish the MOTHER TONGUES of the student? _____ (answer YES or NO)

**IN RESPECT OF THE NEXT QUESTION YOU MAY OPT NOT TO
PROVIDE AN ANSWER.**

Q3: To which ethnic or cultural background does the above named student belong?

Please circle only one category (these categories used are based on the Census)

1. White Irish
2. Irish Traveller
3. Roma
4. Any other white background
5. Black or Black Irish – African
6. Black or Black Irish – any other Black background
7. Asian or Asian Irish – Chinese
8. Asian or Asian Irish – Any other Asian background
9. Other including mixed background
10. No consent

Signed: _____

Print Name: _____ Date: _____

Please return completed forms to the student's school

This form should be retained by the school for the duration of the student's enrolment and made available for inspection by an officer of the Department or the Office of the Data Protection Commissioner, if required.

