



Brierfield National School
Brierfield, Tuam, Co Galway.

Telephone: 093 49376 Roll No: 14294W

Email: brierfieldnationalschool@gmail.com **Web-site:** www.brierfieldns.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: _____

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.

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 (including 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. These photos may be used on our school Facebook Page and Website as set out in our Acceptable Use Policy. They may be used outside of the school, e.g. in newspapers (team photos etc,) or in the church (First Holy Communion and Confirmation).

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.brierfieldns.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:

In the event of online learning, we will use 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 with our Special Education Teachers 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_____

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.brierfieldns.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.brierfieldns.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*)