

St. Patrick's National School, Crowenstown - **Junior Infants 2026 Pupil Registration Form**



Data Protection: The information collected on this form will be held by **St. Patrick's National School, Crowenstown** in manual and in electronic format. The information will be processed in accordance with the Data Protection Act, 1988, the Data Protection (Amendment) Act, 2003 and GDPR regulation 2018.

The purpose of holding this information is for administration needs and to facilitate the school in meeting the student's educational needs and legal commitments etc. Some of the data will be stored on **Aladdin and POD**. We are obliged to share some of the information with the Department of Education & Skills, Tusla (Child and Family Agency) and the Health Service Executive.

Disclosure of any of this information to statutory bodies such as the Department of Education and Skills or its agencies will take place only in accordance with legislation or regulatory requirements. Explicit consent will be sought from Parents/Guardians, if the school wishes to disclose this information to a third party for any other reason. Parents/Guardians of students have a right to access the personal data held on them by the school and to correct it if necessary.

I consent to the use of the information supplied as described.

Signed Parent/Guardian 1: _____

Signed Parent/Guardian 2: _____

Section 1: The Child

Name of child as on Birth Certificate	
Name which child wishes to be called	
Gender	
Date of Birth	
Address	
Eircode	
Home Telephone No	
PPSN	
Nationality	
Religion	
Place of Baptism	

Does your child attend a (please ✓ and name)
Crèche <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please name:
Playschool / Montessori <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please name:
A.I.M.S Support <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state what level:
Previous School (Report must be included)

Section 2: Parents/Guardians

	Parent 1/Guardian 1	Parent 2/Guardian 2
Name		
Address		
Email address (please print)		
Nationality		
Mobile Tel. No.		

If there is any information regarding your child/family that you think is important we should be aware of, please outline below.

Signed: _____ Date: _____
Parent 1/Guardian 1

Name in Block Capitals: _____

Signed: _____ Date: _____
Parent 2/Guardian 2

Name in Block Capitals: _____

(Please ✓)	Yes	No
Is there any court order that is in place relating to any aspect of Guardianship, Custody or Access? If yes , please submit a copy of the court order.		

Contact Number for Text a Parent Messages: _____

Section 3: Health

Does your child have (please ✓)	Yes	No
Hearing difficulties		
Vision difficulties		
Speech difficulties		
Language difficulties		
Physical difficulties		
Behavioural difficulties		
Allergies		

If you have answered Yes to any of the health information questions, please explain

Has your child been assessed by a (please ✓)	Yes	No
Speech therapist		
Occupational therapist		
Psychologist		
Counselling		
Physiotherapist		
Paediatrician		
Other Specialist (if Yes please specify here)		

If Yes to any of the above, please attach a copy of report

Family

Place in family _____

Please ✓ if your child is	
Adopted	
Fostered	
Lives with one parent	
Lives with both parents	
Has a deceased parent / stepmother/father	

Health	
Child's Doctor Name	
Doctor Address	
Doctor Phone Number	
Is your child allergic to any Medicine/Substance	
Is your child on any long term medication	

If you have answered Yes to any of the final two questions, please explain

Emergency Contact Details:

In the event of illness, whom should be contact?

Name: _____ Contact No: _____

Do you consent for the teachers/SNAs to administer First Aid if required for your child? _____

In the event of an emergency, do you consent to your child being brought to a doctor/casualty unit/hospital at the teacher's/principal's discretion? _____

It is essential that we have a phone number of someone we can contact in an emergency, if you are not available.

	Contact 1	Contact 2
Name		
Address		
Relationship with child		
Phone No		

Section 4: Consents

		YES	NO
1	Do you give permission for your child to take part in the Stay Safe and RSE Programmes?		
2	Do you give permission for your child to go on school trips/tours under teacher supervision during the school day eg. Trips to local historical buildings, the church etc?		
3	Over the course of Primary School life, the staff may take photographs of the children or their work. We may use these images in our school or in printed publications, on the school Facebook page/Instagram page/website as well as on project display boards at school. We may also take video or webcam recordings. Do you consent for your child's image/work to be used in these situations?		
4	Sometimes journalists visit our school to take pictures of the children eg. Awards/prizes, sporting events, first day at school etc. Do you give permission for your child to be photographed for school projects, newspapers and school related activities?		
5	The Board of Management will not be responsible for pictures/videos taken by parents at school concerts/celebrations/sporting events etc		
6	Do you consent for the Special Education Teacher (SEN) to carry out educational tests if we are concerned about your child's learning?		
7	Do you consent to your child to access the internet in accordance with our internet 'Acceptable Use Policy' and 'Remote Learning Policy'		

Section 5:

Parents are legally obliged to send their child to school and give reasons for absences. Under the Education Welfare Act 2000, we are compelled by law to report any child who misses a total of 20 or more days during the school year to TÚSLÁ. The school's Attendance Policy and other relevant policies can be viewed on the school website at www.crowenstownns.ie

Section 6:

Please ✓	
I certify that the information I have given in this form is correct.	
I have attached all assessments/reports relating to my child's development and /or needs.	
I confirm that I have received and read a copy of the Enrolment Policy and the code of Discipline.	
I agree that the pupil enrolled herewith will be subject to those codes and policies.	
I consent to the administration of all relevant screening tests to the above name pupil.	
I further undertake that he/she will comply fully with the School Rules in Crowenstown N.S	

Parent's/Guardian's

Signature(s) _____

Date: _____

Please return this form to the school with your child's Small Birth Certificate and Baptismal Certificate

If for any reason, your circumstances change and you will not be sending your child to our school, please email office@crowenstownns.ie as soon as possible.