



St. Peter's National School, St. Peter's Road, Phibsborough, Dublin 7

Telephone: 018680501 E mail: office@stpetersns.net

As per G.D.P.R. (General Data Protection Regulations), we (St. Peter's National School) are obliged to inform you that your child's data is controlled by the Board of Management of St. Peter's National School. Your child's data contained within this form may be passed onto the Department of Education, Tusla, N.E.P.S., N.C.S.E., N.E.W.B., other primary schools, post primary schools, HSE and An Garda Síochána for allocation of resources (required by P.O.D. – Primary Online Database), transfer of pupils from one school to another (including post primary schools) or when required by the prior named agencies.

By completing this enrolment form ensure you are declaring that you agree with the sharing of your child's data.

ALL INFORMATION MUST BE COMPLETED.

Your child's original BIRTH Certificate, original Baptismal Certificate (if he/she is Roman Catholic) must accompany this application.

Completing this application form puts your child on a waiting list and does not guarantee him/her a place in St. Peter's National School.

Child's P.P.S. Number: _____

Male: ☐ Female ☐

Name: _____

Address: _____

Date of Birth: _____

Child's Country of Birth: _____

TWO TELEPHONE NUMBERS MUST BE GIVEN 1. _____

Contact Phone Number During School Hours: 2. _____

Mother's Name: _____

Father's Name: _____

Email Address: _____

Parent's Country of Birth:

Mother: _____ **Father:** _____

Child's Religion: _____

Has your child a brother or sister in this school Yes No

Current Class of brother or sister _____ Child's Name _____

Has your child attended school outside Ireland Yes No

Current School/Class: _____

Email Address: _____

Place X in one of the boxes below:

Playschool ☐ Creche ☐ Montessori ☐

Name of Preschool: _____

Parents:

Marital Status: Married ☐ Single ☐
Co-Habiting ☐ Other ☐
Separated ☐

Please Specify:

Mother's Occupation:

Father's Occupation:

Mother's Work Address:

Father's Work Address

Health

Has your child any medical conditions/allergies which the school needs to be aware of: Yes ☐ No ☐

If yes please give brief details of the condition:

Is your child on any permanent medication which will have to be administered during the school day or does your child take allergy medication: Yes ☐

No ☐

If yes please give details: _____

Code of Discipline

I will ensure that my child: _____ will abide by the Code of Discipline and the School Rules and I accept the school's right to apply sanctions as per the Code of Discipline should the need arise.

Signed: _____ Date: _____

Parent / Guardian

Completed Form and Certificates Received by School

Use of plaster consent form

From time to time minor incidents such as cuts and abrasions etc. will occur on the school premises. The staff of St. Peter's NS. Will deal with these by washing the cut with water/antiseptic wipes and if necessary applying a plaster (which have only started doing since January 2019). Parents are expected to check under the plaster when the child returns home from school. **Please sign below indicating that you give consent for St. Peter's N.S. to administer a plaster on your child (if necessary).**

I give permission for the staff of St. Peter's N.S. to use plasters on my child should the need arise

☐

I do not give permission for the staff of St. Peter's N.S. to use plasters on my child should the need arise

☐

Parental permission for the use of your child's images

Images of your child may appear on the school website (www.stpetersns.net) occasionally or on displays around the school. Your child's image will generally be taken from afar or as part of a group photograph. Your child's name will never accompany their image. Separate consent will be sought in exceptional circumstances (e.g. if your child's image is in a newspaper for a special event and an editor requires the child's name).

Please indicate if you are happy for St. Peter's to use images of your child on the school website/on display within school building.

I **give** permission to the staff of St. Peter's to use my child's images

☐

I **do not give** permission to the staff of St. Peter's to use my child's images

☐

In the event that one of the two contact names/numbers cannot collect your child:

In the event that you or the secondary contact person cannot collect your child, please indicate alternative person(s) who will collect your child and their contact number (this would also apply to children collected by child minders). The school will only release your child to one of the contacts from the list below.

Contact Name: _____ Contact Number: _____

Contact Name: _____ Contact Number: _____

Contact Name: _____ Contact Number: _____

Contact Name: _____ Contact Number: _____

