**Scoil Chaitríona, Cappamore, Co. Limerick.**

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**Enrolment Forms:**

* **Part 1 - POD Online Database Form**
* **Part 2 - Code of Discipline Form**
* **Part 3 - Parental Permission Form**
* **Part 4 – Medical Conditions Form**

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Part 1

**Scoil Chaitríona**

**Primary Online Database (POD) Form**

The Department of Education and Skills utilises an electronic database of primary school pupils called the Primary Online Database (POD) which involves schools maintaining and returning data on pupils to the Department at individual pupil level on a live system. The database allows the Department to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns for grant payment and teacher allocation purposes, to follow up on pupils who do not make the transfer from primary to post primary level and for statistical reporting.

The database holds data on all primary school pupils including their PPSN, First Name, Surname, Name as per Birth Certificate, Mother's Maiden Name, Address, Date of Birth, Gender, Nationality, whether one of the pupil's mother tongues is English or Irish, whether the pupil is in receipt of an Exemption from Irish and if so the reason for same, whether the pupil is in receipt of Learning Support and if so the type of learning support, whether the pupil is in a Mainstream or Special Class. The database will also contain, on an optional basis, information on the pupil's religion and on their ethnic or cultural background.

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, 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.

**Pupil’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To which ethnic or cultural background group does your child belong (please tick one)?**

**(Categories based on the Census of Population)**

**White Irish 🞏 Irish Traveller 🞏**

**Any other White Background 🞏 Roma 🞏**

**Black or Black Irish - African 🞏 Black or Black Irish - Any other Black Background 🞏**

**Asian or Asian Irish – Chinese 🞏 Asian or Asian Irish - Any other Asian background 🞏**

**Other (inc. 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 **🞏**

**Name of school/playschool where your child was previously enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***I consent for the sensitive personal data in the questions above 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.***

**Name of Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**For further information on POD please go to the Department of Education and Skills’ website** [www.education.ie](http://www.education.ie)

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**Part 2**

**Scoil Chaitríona**

**Code of Discipline Form**

1. School hours are from 9.00 am to 1.45 pm for Infant classes and 9.00 am to 2.45om for all other classes. Pupils must be punctual and must be collected on time. It is forbidden for pupils to remain on school after 2.45 p.m. without permission. Pupils must be dropped off at the school gates. Convent grounds are strictly private property.
2. The school must be informed in writing, of the reason for the pupil’s absence.
3. Written permission is needed if you wish your child to leave early. They must be collected from the school building.
4. Pupils will behave in an appropriate manner on all school excursions and follow all school rules and the directions of the teachers.
5. Pupils must wear the proper school uniform at all times.

Girls and boys: School tracksuit and red polo shirt, runners. If a child is out of uniform the teacher must be informed in writing as to the reason why.

1. The use of mobile phones is strictly forbidden.
2. The misuse of alcohol, tobacco, solvents or drugs or any kind is strictly forbidden.
3. In the interest of health, safety and hygiene jewellery should not be worn, however watches and stud earrings are allowed.
4. School lunches are provided daily but if your child does not wish to have the school lunch and in support of a healthy eating regime we recommend a healthy lunch. Crisps, chewy bars, “lunchables” and fizzy drinks are strictly forbidden.
5. In support of our Green Schools Policy we would like to ask that parents use a beaker for their children’s drinks rather than cartons/plastic bottles.
6. Pupils must do assigned homework every evening and this must be signed by a parent/Guardian. If homework is not completed then the teacher must be informed in writing as to the reason why.
7. Pupils will respect themselves, the staff of the school, all other pupils, the property of the school and others.
8. Pupils will be mannerly and helpful at all times. Pupils will behave in an appropriate manner during break times and lunchtimes. Foul language, rough behavior and bad manners will not be tolerated.
9. In the event that behavior becomes intolerable or school rules have been continuously breached then sanctions may be imposed on the pupil possibly leading to suspension or expulsion. This is done in accordance with rule 130(5) and 130(6) of the rules for National Schools.

This Code of Discipline was drawn up in consultation with teachers, members of the Board of Management and the Parent’s Council of Scoil Chaitríona, Cappamore. A more detailed Code of Discipline Policy is available for viewing in the school. By signing this document you are accepting the terms of the Code of Discipline form and the Code of Discipline Policy Document.

I accept the terms of the Code of Discipline:

**Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part 3**

**Scoil Chaitríona**

**Parental Permission Form**

This Permission Form is to cover your child through their years in Scoil Chaitríona. Please read carefully each of the items below and tick the relevant box. Not all items may be relevant to your child this year, but they probably will be at some stage in the future. If you have any concerns regarding any of the items below please feel free to contact the class teacher or principal. If your approval also changes for any area, please also contact the school.

|  |  |  |
| --- | --- | --- |
| **I hereby give permission for my child in relation to the following:** | **Yes** | **No** |
| Go on school tours, local educational visits/field trips and participate in school activities (e.g. matches, quizzes, choir etc) |  |  |
| On occasions such as Communion, Confirmation and other school events, local press photographers take group photos of children and in some instances identify the children by name. Do you agree to the school using your child’s image in this way? (Please remember that removing a child from a photo of the rest of the class can be quite upsetting for the child). |  |  |
| Can we use your child’s name (not photo) in relation to publicising school events and activities in our newsletter, website and similar publications? |  |  |
| Images of your child and his/her work may appear on our website. Images may be of individuals or groups. Only your child’s first name will be used if at all. Do you agree to the school using your child’s image and first name in this way? |  |  |
| The school teaches ‘Stay Safe’ lessons on personal safety & protection and RSE (relationships & sexual education) lessons on developing and changing. Both are recommended and vetted by the Department of Education and Skills. Lessons are developed using suitable content and appropriate language for each class. Can your child participate in these lessons? If not, we need a letter from you stating that you request that your child be excluded from these lessons and that you will teach this content to them yourself. |  |  |
| Do you give permission for your child to be taken immediately to a doctor or hospital in case of serious illness/accident? (In a non-emergency it is the school’s policy is to inform parents/guardians if their child has had an accident in school which may require them to collect their child and take him/her home or to hospital or doctor). In an emergency it may be necessary to take the child to hospital/doctor and inform parents/guardians afterwards. |  |  |
| On occasion we administer ‘Diagnostic’ tests (e.g. WIAT, MIST, Belfield Infant Screening, WRAT) to discover the educational progress of pupils. Should any concerns arise following these tests we will contact you. Do you agree to this? |  |  |
| Do you give permission for your child to attend the Special Education Teacher? If we have any concerns regarding your child’s progress we will contact you. |  |  |
| Sometimes the school is requested to pass on names of children and their addresses to the HSE for immunisation purposes, to secondary schools when children are transferring to second level, to sporting bodies when children are taking part in games outside the school. Do you allow the school to pass on this information to these three bodies? |  |  |

**Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Scoil Chaitríona**

**Medical Conditions Form**

**Medical Condition and Administration of Medicines**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts:**

1) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Prescription Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Storage details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_**

Dosage required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is the child to be responsible for taking the prescription him/herself?

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What action is required? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I/We request that the Board of Management authorise the taking of Prescription Medicine during the school day as it is absolutely necessary for the continued well being of my/our child. I/We understand that the school has no facilities for the safe storage of prescription medicines and that the prescribed amounts be brought in daily. I/We understand that we must inform the school/Teacher of any changes of medicine/dose in writing and that we must inform the Teacher each year of the prescription/medical condition. I/We understand that no school personnel have any medical training and we indemnify the Board from any liability that may arise from the administration of the medication.

**Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Allergy Details**

**(Appendix 2)**

Type of Allergy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reaction Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Storage details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administration Procedure (When, Why, How): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**