Scoil Mhuire Na nGrás - Burriscarra Primary School

Tel. (094) 9360184 **Email – office@carnaconns.ie**

Roll number 05756K **Principal – Helena Hastings**

Year of enrolment _____

Name of Child _____ D.O.B. _____

Home address _____

PPS number _____ Religion _____

Nationality _____

Father's name _____ Occupation_____

Work telephone no. _____ Mobile no._____

Father's email _____

Mother's name _____ Occupation_____

Work telephone no. _____ Mobile no._____

Mother's email _____

Other children in family and ages_____

Language spoken at home _____

Playschool attended _____

Previous school/class _____
(If transferring from another school)

Intended school class _____

Birth Certificate - Copy attached:

Yes: ☐ No: ☐

<u>Ethnic or cultural background</u> (Required by Department of Education for Primary Online Database from September 2025)
Please tick one option or tick Do Not Consent if you do not wish to give this information

- ☐ White Irish
- ☐ Irish Traveller
- ☐ Roma
- ☐ Any other White background
- ☐ Black or Black Irish – African
- ☐ Black or Black Irish – Any other Black background
- ☐ Asian or Asian Irish – Chinese
- ☐ Asian or Asian Irish – Indian/Pakistani/Bangladeshi
- ☐ Asian or Asian Irish – Any other Asian background
- ☐ Other, including mixed background – Arab
- ☐ Other, including mixed background_____
- ☐ Do Not Consent

Contact Name/s & Tel. Number/s. In the case of an emergency:

1. Name: _____Tel. No: _____

2. Name: _____Tel. No: _____

Additional Supports:
In order for the school to put in place the best resources for your child's education from the start of the school year, we require the following information. This information will be treated with the utmost confidentiality.
Has your child ever had an assessment with:

(a)	A psychologist	*Yes* ☐	*No:* ☐
(b)	A Speech and Language Therapist	*Yes:* ☐	*No:* ☐
(c)	An Occupational Therapist	*Yes:* ☐	*No:* ☐
(d)	Other – Please specify below	*Yes:* ☐	*No:* ☐

_____

If you have ticked yes to any of the above please ensure you speak to the principal and attach or forward any records/reports from previous school.

Medical History:
Does your child have a diagnosed medical condition? (Please include allergy information in this section if applicable)

Yes: ☐ No: ☐

If yes please specify:
Name of medical
condition:_____

Name of family doctor: _____

Doctor's contact details: _____

Does your child require medication for this medical condition? Yes: ☐ No: ☐

If yes please specify medication taken:

_____

I / We consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education & Skills and to other primary schools my child may transfer to during the course of their time in primary school.

Signed: _____ *Date:* _____

Consent

a) Assessment Tests are carried out in the school on all children from Infants to 6th Class. From time to time other assessments may be carried out as part of our commitment to school improvement.
I give permission for any necessary assessment tests to be carried out with my child.

b) During your child's time in Burriscarra NS, it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.

c) I give permission to allow my child to attend a Special Education Teacher/EAL if deemed necessary and/or to engage in focused extension work in groups.

d) I consent to my child going on and participating in general school outings, events and tours.

e) I give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE, school nurse, doctor, dentist, Presbytery, Secondary Schools, sporting events and school related activities etc.

f) I agree to cooperate with the school Board of Management regarding all school policies (available from our school office and school website).

Signed: _____ *Date:* _____

Burriscarra Primary School

Photo/Image Consent Form

Please tick **one** of the following boxes:

I/We GRANT permission for a photo/image that includes this pupil in a group setting without his/ her name attached to be published on our school social media pages.

☐ Yes ☐ No

Pupil's Name: (please print) _____

Pupil's class: _____

Print name of Parent/Guardian : (print)

_____

Signature of Parent/Guardian : (sign)

_____

Date: _____

Burriscarra Primary School

Emergency Closure

In the event of an emergency occurring, while the school is in operation, it may become necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils.

Emergency Closure Form - to be retained by class teacher

Pupil's Name: _____

Please tick **one** of the following boxes:

1. *I agree that my child should return home independently.* ☐
2. *I agree to my child being collected by a designated adult.* ☐

Name of designated adult:_____ Tel. No: _____

Signed: _____
Parent/Guardian