***St. Joseph’s N.S.***

***Dublin Road, Longford.***

***Phone: 0433345700***

**Student Information**

**USE BLOCK CAPITALS PLEASE**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Male/Female** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Child’s P.P.S. No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please provide copy of Birth Cert)**

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

**PARENTS**

**MOTHER: FATHER:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nationality:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Nationality:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone/ Mobile No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone/Mobile No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile Number for** **“Text a Parent”:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1st contact person if parent is not available: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_**

**2nd contact person if parent is not available: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_**

**Religion:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Place of Baptism:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ATTACH COPY OF BAPTISMAL CERFITICATE** (if baptised outside the parish.)

**Nationality:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year of** **Arrival of Family to Ireland:**\_\_\_\_\_\_\_\_\_\_

(As indicated by birth certificate or passport)

**Language/s spoken at home:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnic /Cultural:**

Irish Traveller European Roma African Chinese Asian Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Address previous School/Pre-School attended:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Class:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY**

**Number of children in the family**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Placing of child (1st, 2nd etc.):** \_\_\_\_\_\_\_\_

**Siblings in the school?** **Yes** **No**

1. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_ 3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_**
2. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_ 4. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_­­­­­\_\_\_\_\_­­­­\_**

**Name and Phone No: of Family Doctor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your child any allergies:** **Yes** **No**

If yes give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child appear to have any difficulties with the following:**

**Hearing** Yes No **Speech** Yes No **Vision**  Yes No

If answer is yes to any/all of the above please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your child ever had any type of assessment**? **Yes** **No**

If yes please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach a copy of all assessments relating to your child’s development and/or needs.**

Do you give permission for your child to go on school trips under teacher supervision during the school day e.g trips to the library, local park and buildings etc. **Yes** **No**

Do you give permission for your child to be photographed for school projects, local newspapers, and school related activities? **Yes** **No**

Do you give permission for your child to attend supplementary classes in Literacy and/or Numeracy, if necessary? **Yes** **No**

The programme on Relationships and Sexuality Education (RSE) is taught in an age appropriate manner under the guidelines of the Department of Education & Science. The Stay Safe Programme is taught every second year to help provide children with coping skills in difficult situations. Please contact the class teacher if you wish further information on the programmes.

Do you give permission for your child to take part in Swimming lessons organised by the school?

**Yes** **No**

The school has internet protection in accordance with the DES guidelines.

Do you give your child permission to use the internet as a resource for learning during school

**Yes**  **No**

Do you give permission for your child’s work, projects and artwork to be published on the schools website [www.stjosephsns.ie](http://www.stjosephsns.ie)/facebookpage and that digital photographs, audio or video clips of your child in a group setting may be published.**(Please note pupils will never be named individually and personal pupils information will never be published on website)** **Yes No**

The Department of Education has requested the above information to facilitate the introduction of the new Primary online Database POD. Do you consent to share information on religious, ethnic and cultural background?

**Yes No**

**\*Parent/s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **For Office Use Only**  **Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Low incident Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E.A.L. Y/N \_\_\_\_\_\_\_\_\_\_\_\_**  **Learning Support Y/N \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Birth Cert Y/N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Baptismal Cert Y/N \_\_\_\_\_\_\_\_\_\_\_\_** |