



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:

Name: _____

FATHER:

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 CERTIFICATE (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/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: _____

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 _____