**Enrolment Form**

**Presentation Secondary School**

**Listowel**

**PLEASE USE BLOCK LETTERS WHEN COMPLETING THIS FORM**

**STUDENT’S SURNAME: (*as on Birth Certificate*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT’S CHRISTIAN NAME(S) (*as on Birth Certificate*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSTAL ADDRESS: Name of Legal Guardian and address to which correspondence is to be addressed**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOBILE NUMBER(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT NAME & PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(in the event of not being able to contact either parent/guardian)**

**E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NATIONALITY (*name of country in which your child was born): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**PRIMARY SCHOOL ATTENDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOTHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOTHER’S MAIDEN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FATHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF SISTER(S) IN THIS SECONDARY SCHOOL (*if any*):**

**Sister’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF LEGAL GUARDIAN (*where applicable*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELIGION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOCTOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please State if your daughter has any factors which may be of relevance to your daughter’s time in school, and supply full details, including Specialist’ Reports.**

**Illnesses or Disabilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies or dietary restrictions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any reasons why your daughter should not take full part in sports or other school activities**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your daughter have a Medical Card? Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_**

**EDUCATIONAL HISTORY**

**Name and Address of Previous Schools Dates Attended Final Class**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IS YOUR CHILD EXEMPT FRON IRISH? YES  NO **

**IF YES PLEASE SUPPLY DOCUMENTARY EVIDENCE OF THIS AT YOUR EARLIEST CONVENIENCE.**

**HAS YOUR CHILD ANY SPECIAL NEEDS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOES YOUR CHILD HAVE ANY EDUCATIONAL PSYCHOLOGIST'S REPORT? \_\_\_\_\_\_\_**

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

***You will be notified within 21 days in relation to this application for enrolment.***

**DATA PROTECTION**

The school is a **Data Controller** under the ***Data Protection Acts 1988 to 2018.*** Personal data supplied on the enrolment form will be used for the purposes of student enrolment, registration, administration, child welfare and to ful fill any other legal obligations. The school relies on parents/guardians to provide us with accurate and complete information and to update us in relation to any change in the information provided. The information retained may include the following.

*Name, home address, date of birth, gender, religious belief, racial/ethnic origin, former school, nationality, PPS number, academic results, previous education details, Parents/guardians names, contact details and occupations, details of family and siblings.*

*Membership of ethic/minority group. Medical card details, medical details, dietary requirements, medication details, family doctor details. Special needs notation, assessment reports, standardized test results, psychological reports, IEP/IBP details, records of meetings and consultations with parents. Details of courses and teaching groups, results and exam scores. Details of fees and other payments/ contributions. Travel details. Details of attendance and absence notes. Discipline and behaviour record. Details of incidents and/or accidents. Details of applications and appeals.*

**While the information provided will generally be treated as confidential by the school, from time to time it may be necessary for the school to exchange personal data on a confidential basis with other bodies including the Department of Education and Skills, Department of Social and Family Affairs, An Garda Siochána, the Health Service Executive, National Educational Welfare Board. Contact details will also be used to notify you of school events and activities. Annually, information on students is returned to the DES as part of our October returns, The Department of Education and Skills is committed to respecting the privacy of your personal information and, considering current technology, has taken all reasonable measures to do so. The Department of Education and Skills will keep the personal data you provide, confidential.**

**The Department may use your data for the administration and provision of the following services for post-primary schools:**

*The calculation of capitation and funding, The allocation of teaching posts, The allocation of English language support, The allocation of Traveller support, The compilation of statistics, The development of educational policy.*

In some instances the Department may share your personal data with agents or agencies, for the purpose of delivering services. Such transfers of data will be treated in confidence and will be covered by a contract of service /data processing agreement.  The Department shares information on post-primary students with the following external agencies: *State Examinations Commission – details on examination entrants.*

*Education Research Centre, Drumcondra – extract of data on 15year old students as part of the PISA educational research project*, *Central Statistics Office – student data as provided for under the Statistics Acts*, *Department of Social, Community and Family Affairs – validation of PPSN numbers for all new entrants and the cross-checking of PLC students with those in receipt of social welfare benefits*

**In school we will process your personal data and store it on our computer and manual record systems. In accordance with *Section 16 of the 1988 Act*, the school is registered with the Data Protection Commissioner as a Data Controller. If, in the future, you need to update data or make enquiries regarding data, please contact the school office.**

**In relation to the Department of Education and Skills, if you would like a copy of the details held about you, please write to: *The Records Management Unit, Department of Education and Science, Marlborough St. Dublin 1*. You also have the right to correct any errors in the data held about you, block certain uses of this data or object to the processing of your personal data.**

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**I give my permission for the school to hold the information outlined above and to make returns to the Department of Education and Skills.**

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

**Signature of Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHECK LIST**

1. Completed Application Form signed by Parent/Guardian.
2. Provide a copy of your daughter’s Birth Certificate
3. Provide a current passport photo of your daughter, with her name written on the back of photo.