**St. Saviour’s National School, Ballybeg Drive, Waterford.**

**Phone (051-372621)**

**Email secretary@stsavioursns.ie web address: www.stsavioursns.ie**

**Application for St. Saviour’s N.S. beginning on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child’s First Name­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Cert first name (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Cert surname (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Date of Birth Home phone number

Mobile No’s

Child’s PPS Number

Parent 1 Phone\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_

(Must be entered)

Eircode

Parent 2 phone\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender (Please Circle Male Female) Work Phone Number

**What is your child’s religion?**

**Roman Catholic Church of Ireland (incl. Protestant) Presbyterian**

**Methodist, Wesleyan Jewish Muslim (Islamic)**

**Orthodox (Greek, Coptic, Russian) Apostolic or Pentecostal Hindu**

**Buddhist Jehovah's Witness Lutheran Atheist**

**Baptist Agnostic Other Religions No Religion No Consent**

Nationality of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**(Categories are taken from the Census of Population)**

**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 -Any other Asian background**

**Other (Inc. mixed background) No consent**

**If you do not consent to share religion or ethnic or cultural data with the Department of Education please tick the box 🞎**

**Mother’s Maiden Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**'Is one of the pupil’s main languages (i.e. language spoken at home) Irish or English? Yes No**

**If not what is the main language spoken at home?\_\_\_\_\_\_\_\_\_\_**

Have you attached a copy of your child’s birth certificate? Yes No

***(If not it is very important that we receive this before your child starts school).***

Have you attached a copy of your child’s baptismal certificate (if applicable) Yes 🞎 No 🞎

Doctor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name(1)** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent/Guardian Name(2)** \_\_\_\_\_\_\_\_\_\_

**Mobile number to be used for school texts sent out** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous school, if any (name and address)

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

**Names of brothers and/or sisters currently in this school (if any)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternative Contact Person For Emergencies etc.**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship of this person to pupil\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. a) Do you give permission to take your child straight to hospital in case of serious illness or accident? Yes No

1. In the event of your child having an accident, do you give your permission for us to give emergency first aid if needed Yes No

2. Has your child got Special Needs? Yes No

If so have you attached a medical/psychological report? Yes No

Does any legal order under any Family Law exist that the school should know about? ***(The school should be aware of any court order, which affects the child’s welfare, and also of any person into whose custody the child should not be given)*** If yes, please give details below.

Yes No

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

3. Does your child have allergies or illness’s we should be aware of e.g diabetes, nut allergies, asthma? It is the responsibility of the parent to ensure the school is updated every September regarding administration of medicines. Indemnity form must be filled out at the office every September

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

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Do you give permission for your child to be photographed in school activities Yes No

**St. Saviour’s N.S. offers the Stay Safe Programme and Relationships and Sexuality Programme to all classes**

**. If you do not wish your child to partake please sign below.**

**I do not wish my child to partake in the above programmes**

***\*It is important that you read and sign up to the schools Code Of Behaviour.***

***I have read and agreed to the schools code of behaviour. Tick box if read***

***I consent for this information 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.***

***Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian(1) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian(2) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**If this application form is being signed by one parent only please read and sign the following:**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that both parents of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are aware of and consent to this enrolment application to St. Saviour’s N.S.**

**Under New GDPR guidelines we need to have permission from parents to share information regarding your child’s profile information eg. For Dental Clinic/ Immunisation team/Health nurse/ who visits schools to do eye/ear checks. If your child is transferring from another school permission to request reports etc.**

**Please sign below to indicate that your give permission for these details to be shared**

**I give permission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian**

For office use only

Received this application on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_