



DUNBOYNE SENIOR PRIMARY SCHOOL

Tel./Fax: 003531(01)8252803
Roll number 20033D

Principal: An tUasal Liam Ó Laighin
Deputy Principal: Ms. Linda Manning

ENROLMENT APPLICATION FORM 20 - 20 .

Pupil Forename: _____ Surname: _____

PPS no: _____

Date of Birth: / /

Birth Cert Forename (if different from name above): _____

Birth Cert Surname (if different from name above): _____

Male: Female: E-mail: _____

Religion: _____ Dunboyne Parish: Yes: No:

Father's Name: _____ Mobile: _____ Occupation: _____ Work No: _____

Mother's Name _____ Mobile: _____ Occupation: _____ Work No: _____

Mother's Maiden Name: _____

Home Address: _____

Home Tel. No. : _____ Main Mobile No. for Texts: _____

Child's Nationality: _____ Parent's Nationality: Mother: _____ Father: _____

Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English? Yes No

Other children in family and ages: _____

Does your child require English Language Tuition: Yes: No:

Contact Name/s & Tel. No's. In the case of emergency:

1. Name: _____ Tel. No: _____

2. Name: _____ Tel. No: _____

Have you received, read and do you agree to abide by the "Rules of the School" Yes: 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: <input type="checkbox"/> | No: <input type="checkbox"/> |
| (b) A Speech and Language Therapist | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| (c) An Occupational Therapist | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| (d) Other – Please specify | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |

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.

Is the pupil in receipt of low incidence support through NCSE? Yes: No:

Is pupil receiving support under the General Allocation Model? Yes: No:
(Resource Hours)
(Learning Support)

Irish Exemption: YES: NO: Date Exemption Granted:

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: _____

Signed: _____ Date: _____

Inaccurate information on or deliberate omission from the application form renders it null and void. Decisions in relation to applications for enrolment are made by the Board of Management of the school in accordance with school policy.

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. Both religion and ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil's parent/guardian to identify their child's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. All other information held on POD was deemed by the Data Protection Commissioner as non-sensitive personal data.

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

(Categories are taken from the Census of Population)

- | | | | | | |
|----------------------------|--------------------------|----------------------------|--------------------------|-------------------------------|--------------------------|
| White Irish | <input type="checkbox"/> | Irish Traveller | <input type="checkbox"/> | Roma | <input type="checkbox"/> |
| Any other White Background | <input type="checkbox"/> | Black African | <input type="checkbox"/> | Any other Black Background | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> | Other (inc. mixed background) | <input type="checkbox"/> |

What is your child's religion?

- | | | | | | |
|-----------------------------------|--------------------------|--------------------------------------|--------------------------|-----------------|--------------------------|
| Roman Catholic | <input type="checkbox"/> | Church of Ireland (incl. Protestant) | <input type="checkbox"/> | Presbyterian | <input type="checkbox"/> |
| Methodist, Wesleyan | <input type="checkbox"/> | Jewish | <input type="checkbox"/> | Muslim(Islamic) | <input type="checkbox"/> |
| Orthodox (Greek, Coptic, Russian) | <input type="checkbox"/> | Apostolic/Pentecostal | <input type="checkbox"/> | Hindu | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | Jehovah's Witness | <input type="checkbox"/> | Lutheran | <input type="checkbox"/> |
| Atheist | <input type="checkbox"/> | Baptist | <input type="checkbox"/> | Agnostic | <input type="checkbox"/> |
| Other Religions | <input type="checkbox"/> | No Religion | <input type="checkbox"/> | | |

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

Date: _____

For further information on POD please go to the Department of Education and Skills' website www.education.ie



DUNBOYNE SENIOR PRIMARY SCHOOL

Photo/Image Consent Form

Parental/Guardian 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 the class blogs or school website.

I/We DO NOT GRANT permission for a photo/image that includes this pupil in a group setting without his/her name attached to be published on the class blogs or school website.

Pupil's Name: (please print) _____

Pupil's class: _____

Print name of Parent/Guardian: (print)

Signature of Parent/Guardian: (sign)

Date: _____



DUNBOYNE SENIOR PRIMARY SCHOOL

Emergency Closure

The Department of Education & Science has issued the following set of guidelines to be followed in the event of heating failure in the school:

“When the temperature in the classroom has not reached 16c within one hour of the opening time of the school and unless there are positive indications that the level of heating will be attained very soon, the Principal Teacher should contact the Chairman of the Board of Management with a view to authorising the closing of the school and arranging for the pupils to be sent home, providing this can be done without risk to the children. Where it is not possible, or reasonably safe to send the pupils home, teachers continue to have a legal obligation to supervise pupils for the remainder of the school day. Teachers should not, however, be expected to carry out their normal teaching programme in these circumstances. Unless it can be established that the minimum acceptable heating level will be provided on the following school day, pupils should be directed not to return to school until further notice”.

The Department of Education & Science has directed that parents be consulted about the procedure to be followed in respect of their child in the event of an emergency closure of the school. Please bear in mind that these procedures have been drawn up with the health and comfort of pupils and teachers in mind. Please indicate on the attached form your preference in the event of an emergency closure of the school.

Emergency Closure Form - to be retained by class teacher

Pupil's Name: _____ Class Teacher: _____

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

1. *To be sent home with a brother/sister in the Senior School in the event of the school being closed.*

Name of brother(s)/sister(s): _____ Class/Classes _____

2. *To be sent home on their own.*

3. *To be collected from the pupil's classroom by a designated adult.*

Name of designated adult: _____ Tel. No: _____



DUNBOYNE SENIOR PRIMARY SCHOOL

Rules of the School

Safety: For my own safety and that of others I should:

- a) Be careful coming to and going from school.
- b) Always walk while in the school building.
- c) Remain seated at all times in class and while eating lunch.
- d) Always show respect for my fellow pupils.
- e) Bring a note of explanation following absences.
- f) Never leave the school grounds without the permission of the Principal.

Caring for myself:

- a) Respect myself and my property, always keeping my school bag, books and copies in good order.
- b) Always be in my class line at 9.15 a.m.
- c) Show respect for my school and be proud to wear the complete school uniform every day.
- d) Always be aware of my personal cleanliness.
- e) Always bring a sensible, nutritional lunch to school. Crisps, fizzy drinks, chocolate bars, Sweets and chewing gum are not permitted.
- f) Always do **my best** in school by listening carefully, working as hard as I can and by completing my homework.

Caring for others:

- a) Be kind and respectful to teachers, staff members and fellow pupils by being mannerly and polite, by taking turns and by remaining silent and orderly in my class line.
- b) Behave well in class so that my fellow pupils and I can learn.
- c) Always keep my school clean by bringing unfinished food and drinks home. Show respect for the property of my fellow pupils, the school building and grounds.
- d) Be truthful and honest at all times.

Bullying:

Never bully others. Never allow others to bully me and if it happens tell my parents and my teacher. Bullying is always unacceptable.

When attending Dunboyne Senior Primary School I agree to follow the above school rules.

Pupil's Signature: _____

Mother's Signature: _____

Father's Signature: _____

Guardian's Signatures: _____

Date: _____



DUNBOYNE SENIOR PRIMARY SCHOOL

Sports Code of Conduct

Players from opposing teams.

- ❖ Shake hands before and after the match.
- ❖ Treat our opponents with respect.
- ❖ Wish them well whether they win or lose.
- ❖ Never deliberately hit an opponent.
- ❖ Never lose my temper.

Our Own Team Coaches.

- ❖ Respect our own team coaches.
- ❖ If I'm not picked to play in a match, I shouldn't complain.
- ❖ Never use bad language.
- ❖ Never be cheeky or back answer our own team coaches.
- ❖ If our own team coach is giving a pep talk or advising us, I should not interrupt.

Supporters and Coaches of Other Teams.

- ❖ Respect adults supporting and coaching other teams.
- ❖ Not use bad language.
- ❖ Never give cheek to them.
- ❖ Wish them well if I meet them after a game.

Fellow players.

- ❖ Respect our fellow players and treat them as part of a team.
- ❖ The team includes the players and the substitutes – the full panel.
- ❖ Show loyalty to everyone on our team.
- ❖ Encourage my team mates and support them, even when they make mistakes.
- ❖ Remember my team mates are always trying their best.

Referees.

- ❖ Respect the referee as he/she is in charge of the match.
- ❖ Never give cheek or use bad language to the referee.
- ❖ Remember that I can never change a referee's decision no matter what I say or do/a referee's decision is always final.
- ❖ If the referee's decision seems unfair, I should not give out, sulk, blame other people; instead get on with the game.
- ❖ Shake hands with the referee and thank him/her after the game.

When participating in sport organised by Dunboyne Senior Primary School I agree to follow the above Code of Conduct.

Player's Signature: _____ Mother's Signature: _____

Father's Signature: _____ Guardian's Signatures: _____

Date: _____

For Office Use only

- | | | | |
|-----|-------------------------------------------------------------|-------------------------------|------------------------------|
| (a) | A psychologist | Yes <input type="checkbox"/> | No: <input type="checkbox"/> |
| (b) | A Speech and Language Therapist | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| (c) | An Occupational Therapist | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| (d) | Other | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| (e) | Does child have a medical, physical or emotional disability | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| (f) | Does child require medication during the school day | Yes <input type="checkbox"/> | No: <input type="checkbox"/> |
| (g) | Birth Cert copy attached | Yes <input type="checkbox"/> | No: <input type="checkbox"/> |
| (h) | Baptismal Cert copy attached – if not baptized in Dunboyne | Yes <input type="checkbox"/> | No: <input type="checkbox"/> |
| (i) | School reports/records received from previous school | Yes <input type="checkbox"/> | No: <input type="checkbox"/> |

Application Date Received: _____

Date enrolled in this school _____

Registration Number: _____

Class: _____

Teacher: _____

Input on Aladdin: Yes No

SMS: Yes No

Letter of Transfer sent: Yes No

Date Sent: _____

Art/Crafts fees attached: Yes No

Additional Information: