

THE REMAINING INFORMATION REQUESTED IS REQUIRED FOR THE EFFICIENT RUNNING OF THE SCHOOL AND WILL NOT BE UPLOADED ON TO THE PRIMARY ONLINE DATABASE (POD)

MOTHER'S NAME:

FATHER'S NAME:

MOTHER'S MOBILE No.:

FATHER'S MOBILE No.:

MOTHER'S WORK No.:

FATHER'S WORK No.:

HOME ADDRESS FOR EITHER OF THE ABOVE IF DIFFERENT FROM CHILD:

PLEASE INDICATE WHICH NUMBER YOU SELECT FOR INCLUSION ON THE SCHOOL TEXT MESSAGING SERVICE. PLEASE SELECT ONE OF THE OPTIONS BELOW.

MOTHER'S MOBILE

FATHER'S MOBILE

EMAIL ADDRESS:

NOMINATED EMERGENCY CONTACT PERSONS (NAME, ADDRESS & TELEPHONE NO)

DOES ANY LEGAL ORDER UNDER FAMILY LAW EXIST (PERTAINING TO THE CHILD) THAT THE SCHOOL SHOULD KNOW ABOUT?

YES NO

PREVIOUS PRIMARY SCHOOL ATTENDED:

NAME: _____

ADDRESS: _____

NAME OF FAMILY DOCTOR: _____

ADDRESS: _____

TELEPHONE No.: _____

DOES YOUR CHILD SUFFER FROM ANY MEDICAL CONDITIONS, ILLNESS, DISABILITY AND/OR ALLERGIES?

YES NO

IF **YES** PLEASE SPECIFY: _____

PLEASE LIST ANY PROBLEMS YOUR CHILD HAS OR MAY DEVELOP WHICH MAY IMPACT ON THEIR EDUCATION. (E.G. BEHAVIOUR, SIGHT, HEARING, SPEECH, ETC.)

PLEASE PROVIDE US WITH THE MOST RECENT ASSESSMENT/REPORT IF ANY ON YOUR CHILD.

CONSENT FORM

ACCIDENT AND/OR EMERGENCY CONSENT FORM

I/WE _____ (PARENT(S)) OF _____ (CHILD'S NAME) GIVE PERMISSION TO THE STAFF OF UNION HALL NATIONAL SCHOOL TO ACT ON MY BEHALF IN CASE OF SERIOUS ILLNESS, EMERGENCY OR ACCIDENT AND TO TAKE SUCH ACTION AS MIGHT BE NECESSARY FOR THE BENEFIT OF MY CHILD.

DO YOU GIVE PERMISSION TO TAKE THE CHILD STRAIGHT TO HOSPITAL?

YES NO

STAY SAFE/RSE PROGRAMME

THE SCHOOL TEACHES 'STAY SAFE' LESSONS ON PERSONAL SAFETY & PROTECTION AND RSE (RELATIONSHIPS & SEXUAL EDUCATION) LESSONS ON DEVELOPING AND CHANGING. BOTH ARE RECOMMENDED AND VETTED BY THE DEPARTMENT OF EDUCATION AND SKILLS AND ARE PART OF THE PRIMARY SCHOOL CURRICULUM. LESSONS ARE DEVELOPED USING SUITABLE CONTENT AND APPROPRIATE LANGUAGE FOR EACH CLASS. CAN YOUR CHILD PARTICIPATE IN THESE LESSONS?

DO YOU GIVE PERMISSION FOR YOUR CHILD TO TAKE PART IN THE STAY SAFE/RSE PROGRAMME?

YES NO

PERMISSION FOR OUTINGS

PUPILS MAY PARTAKE IN TOURS AND VARIOUS OTHER EXCURSIONS INVOLVING TRAVEL OUTSIDE THE SCHOOL GROUNDS DURING THE SCHOOL YEAR, AS ORGANISED BY SCHOOL AUTHORITIES.

DO YOU GIVE PERMISSION FOR YOUR CHILD TO TAKE PART IN TOURS/EXCURSIONS OUTSIDE THE SCHOOL GROUNDS?

YES NO

ASSESSMENT TESTS

ASSESSMENT IS A MAJOR ASPECT OF OUR SCHOOL CURRICULUM. CLASS TEACHERS AND LEARNING SUPPORT TEACHERS MAY OCCASIONALLY FIND IT NECESSARY TO ADMINISTER VARIOUS TESTS TO GROUPS OF CHILDREN AND/OR INDIVIDUAL CHILDREN.

DO YOU GIVE PERMISSION FOR YOUR CHILD TO ENGAGE IN TESTING IF DEEMED NECESSARY BY THE SCHOOL?

YES NO

PERMISSION TO BE PHOTOGRAPHED AND/OR VIDEO RECORDED

FROM TIME TO TIME, WE MAY PUBLISH PHOTOS OF STUDENTS, EITHER IN NEWSPAPERS, VIDEOS OR ON THE SCHOOL WEBSITE, ENGAGED IN SCHOOL RELATED ACTIVITIES. THIS IS DONE TO PROMOTE VARIOUS SCHOOL ACTIVITIES (FUND-RAISING, SPORTS DAY, CHRISTMAS PERFORMANCES, SCIENCE DAY ETC.). WE ARE SEEKING YOUR PERMISSION TO PUBLISH PHOTOS/VIDEOS OF YOUR CHILD, SHOULD THE OCCASION ARISE. THE BOARD OF MANAGEMENT CANNOT BE HELD RESPONSIBLE FOR PICTURES/VIDEOS, TAKEN BY PARENTS AT SCHOOL OUTINGS, CELEBRATIONS, CONCERTS, SACRAMENTS ETC.

DO YOU GIVE PERMISSION FOR YOUR CHILD'S PHOTOGRAPH TO BE PUBLISHED/VIDEOED?

YES NO

INTERNET ACCEPTABLE USE POLICY

OUR INTERNET ACCEPTABLE USE POLICY IS IN THE INTRODUCTION BOOKLET. INTERNET ACCESS IS INTENDED FOR EDUCATIONAL PURPOSES AND EVERY REASONABLE PRECAUTION HAS BEEN TAKEN BY THE SCHOOL TO PROVIDE FOR THE ONLINE SAFETY BUT SCHOOL CANNOT BE HELD RESPONSIBLE IF PUPILS ACCESS UNSUITABLE WEBSITES.

HAVE YOU READ THE INTERNET ACCEPTABLE USE POLICY

YES NO

DO YOU GIVE PERMISSION FOR YOUR CHILD TO ACCESS THE INTERNET AS PER THE INTERNET ACCEPTABLE USE POLICY?

YES NO

I/WE WILL CO-OPERATE WITH THE STAFF AND SUPPORT THE ETHOS OF THE SCHOOL.
BY ENROLLING _____ IN UNION HALL NATIONAL SCHOOL
I/WE ACCEPT RESPONSIBILITY FOR ENSURING THAT HE/SHE CO-OPERATES WITH AND
ADHERES TO SCHOOL CODE OF DISCIPLINE & BEHAVIOUR, ANTI-BULLING POLICY AND
ALL OTHER POLICIES AND PROCEDURES AS RATIFIED BY THE BOARD OF MANAGEMENT.

SIGNED: _____ PARENT/GUARDIAN

SIGNED: _____ PRINCIPAL

DATE: _____ DATE (CHILD) CEASED ATTENDING: _____

**IT IS THE SOLE RESPONSIBILITY OF PARENTS/GUARDIANS TO INFORM THE SCHOOL IN
WRITING OF ANY CHANGES TO THE INFORMATION PROVIDED ON THIS FORM.**