

Borrisokane Community College

STUDENT ENROLMENT FORM FIRST YEAR

First Year Enrolment Closing Date for School Year 2018 – 2019

Friday December 15th 2017.



Note: The information provided on this form is confidential and will be retained, used and disclosed by Borrisokane Community College and centrally by Tipperary Education & Training Board in line with the Data Protection Notice in Part 5.

Part 1 Family Details *(Required for school enrolment and parental contact purposes)*

1. Child's First Name/s		2. Child's Last Name											
3. Male/Female		4. Date of Birth <i>(attach copy of birth cert)</i>											
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D	D	--	M	M	--	Y	Y	Y	Y				
5. No. of children in family		6. Position of child in family											
7. Religion		8. Country of Birth											
9. Home Address		10. Childs PPS No.											
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1. <u>Parent/Guardian Details</u>		2. <u>Parent/Guardian Details</u>	
First Name		First Name	
Last Name		Last Name	
Maiden Name (Mother)			
Relationship to Child		Relationship to Child	
Address		Address	
Phone No. (Home)		Phone No. (Home)	
Phone No. (Work)		Phone No. (Work)	
Phone No. (Mobile)		Phone No. (Mobile)	
Email Address		Email Address	

Please circle who correspondence is to be sent: Mother Father

Other Emergency Name and Contact Number

Name _____ Phone No. _____

Relationship to Child _____

If there are any orders or other arrangements in place governing access to, or custody of the child, please provide details.

Please indicate name and address of person (s) to whom correspondence is to be sent regarding educational progress of the student if, different from above.

Does the student have any brothers or sisters in this school?

Yes

No

If yes please indicate names and the year they are currently in

Name _____ Year _____

Name _____ Year _____

Name _____ Year _____

Part 2 Primary School Details (Note: We may contact the school in connection with your child's enrolment)

Name of Primary School _____

Other Primary School attended and dates (if relevant) _____

Consent

I/we give permission to contact my child's primary school and to obtain copies of academic records, psychological reports and other records necessary for my child's educational welfare and for aiding his/her transition to post-primary.

Signed _____
(Parent/Guardian)

(Parent/Guardian)

Date _____

Part 3 Educational Details

(Required for the assessment of individual educational needs)

Please note

Irish is a compulsory subject for all students. Exemptions are only granted in *exceptional cases*.

In general, any student who is granted an exemption will either:

a) Be a non-national

Or

b) Have a psychological assessment recommending exemption. This assessment will have been carried out within the last 3 years. The School will require a copy of this report before any exemption is granted.

Or

c) Student lived outside of Ireland until 11 years of age

Is the student currently studying Irish? Yes No

If you answered no please indicate the reason (a, b or c above)

Has the student a psychological assessment? Yes No

Is the Psychological Report available? Yes No

(If yes please attach copy to Application Form)

Has the student been granted Resource Teaching Hours and/or Special Needs Assistance hours by the National Council for Special Education (NCSE)?

Yes No

If you answered yes please give details

Category of Special Need _____

Has the student been in receipt of learning support? Yes No

If the answer is yes please give details _____

Has the student received EAL (*English as an Additional Language*) support?

Yes No If Yes how many years? _____

If student is a non-national please state how many years he/she has been resident in Ireland _____

Part 4 Medical Details

(Required to ensure the school has an accurate record of medical conditions as well as your doctor's contact details in the event of a medical issue arising during school/ETB activities. Please note it may be necessary to disclose this information to staff in certain circumstances)

1) Doctor's Name _____

2) Name of practice (if relevant) _____

3) Phone Number (Clinic) _____

4) Health concerns for child.

5) Procedures to follow (for a particular illness).

6) Does the child require glasses? Yes No

7) Does the child have any hearing difficulties? Yes No

8) Any other medical concerns/information of relevance?

Part 5 (Data Protection)

Data Protection Statement

Personal Data on this Form: Tipperary Education & Training Board is a data controller under the Data Protection Acts 1988 and 2003. The personal data supplied on this Application Form is required for the purposes of:

- student enrolment,
- student registration,
- allocation of teachers and resources to the school
- determining a student's eligibility for additional learning supports and transportation,
- examinations
- school administration,
- child welfare (including medical welfare)
- to fulfil our other legal obligations.

ETB Contacting You

Please confirm if you are happy for us to contact you by SMS/text message, and to call you on the telephone numbers provided and to send you emails for all the purposes of:

- sports days,
- parent teacher meetings,
- school concerts/events,
- to notify you of school closure (e.g. where there are adverse weather conditions),
- to notify you of your child's non-attendance or late attendance or any other issues relating to your child's conduct in school,
- to communicate with you in relation to your child's social, emotional and educational progress, and to contact you in the case of an emergency

Tick box if "yes" you agree with these uses

Use your email address to alert you to these issues?

Use your mobile phone number to send you SMS texts to alert you to these issues?

Use your mobile phone/landline number to call you to alert you to these issues?

Please note: Tipperary Education & Training Board reserves the right to contact you in the case of an emergency relating to your child, regardless of whether you have given your consent.

School sending you direct marketing

We would like to send you emails/SMS text messages or call you or to write to you at your home address to inform you of special offers or promotions by certain third parties involved in the supply of school stationery, equipment, supplies etc. Do you give your consent for us to do each of the following:

Tick box if "yes" you agree with these uses

Use your email address to alert you to these offers?

Use your mobile phone number to send you SMS texts in relation to these offers?

Use your mobile phone/landline number to call you in relation to these offers?

Use your address to send you written letters/brochures in relation to these offers?

While the information provided will generally be treated as private to Tipperary Education & Training Board, and will be collected and used in compliance with the Data Protection Acts 1988 and 2003, from time to time it may be necessary for us to transfer your personal data on a private basis to other bodies (including the Department of Education & Skills, the Department of Social Protection, An Garda Síochána, the Health Service Executive, TUSLA, social workers or medical practitioners, the National Council for Special Education, any Special Education Needs Organiser, the National Educational Psychological Service, or (where the student is transferring) with another school). We rely on parents/guardians and students to provide us with accurate and complete information and to update us in relation to any change in the information provided. Should you wish to update or access your/your child's personal data you should write to the school Principal requesting an Access Request Form.

Data Protection Policy: A copy of the full Data Protection Policy is available on request. When you apply for enrolment, you will be asked to sign that you consent to your data/your child's data being collected, processed and used in accordance with this Data Protection Policy during the course of their time as a student in the school. Where the student is over 18 years old, they will be asked to sign their consent to this.

Photographs of Students: The ETB maintains a database of photographs of ETB events held over years. It has become customary to take photos of students engaged in activities and events in the interest of creating a pictorial as well as historical record of life at the school/centre. Photographs may be published on our website or in brochures, yearbooks, newsletters, local and national newspapers and similar school-related productions. In the case of website photographs, student names will not appear on the website as a caption to the picture. If you or your child wish to have his/her photograph removed from the school website, brochure, yearbooks, newsletters etc. at any time, you should write to the ETB Chief Executive.

Consent (tick one only)

1. If you are happy to have your child's photograph taken as part of ETB activities and included in all such records tick here
2. If you would prefer not to have your child's photograph taken and included in such records, please tick here
3. If you are happy for your child's photograph to be taken and included, as 1. above, but would prefer not to have images of your child appear in school brochures, yearbooks, newsletters etc. please tick here.
4. If you are happy for your child's photograph to be taken and included, as 1. above, but would prefer not to have images of your child appear on the website, please tick here.

Signed: _____

Parent/Guardian/Student (where over 18)

Date: _____

Part 6 (Contract)

Student

Name: _____

As a student in Borrisokane Community College I promise to abide by the Rules and Regulations of the school, in the interests of maintaining a positive learning environment.

I have read and I accept the School Code of Behaviour

Student's Signature: _____ **Date:** _____

Parent (Contract and Consent)

In registering my above named child as a student in Borrisokane Community College:

I understand that this implies a full acceptance of the rules of the school as laid down from time to time by the Board of Management.

I will provide copies of recent psychological or other professional educational assessments to the school.

I understand that, while every effort will be made to ensure that my son/daughter will be facilitated in his/her subject choices, this may not always be possible.

I give Borrisokane Community College permission to administer screening tests in line with their Special Education Needs Policy. If my child is allocated additional teaching hours or special needs assistant hours I understand they will be allocated to my child in line with the Special Education Needs Policy. I give permission for reports – psychological, medical, etc. - to be made available to relevant school staff as necessary.

As a partner in the education of my child, I recognise the need for me to do my utmost to support the work of the school.

By signing below, I am giving explicit consent for Borrisokane Community College to confirm, retain, use and disclose the information I have provided in accordance with the Tipperary Education & Training Board Data Protection Policy (as summarised above).

Signed _____
(Parent/Guardian)

(Parent/Guardian)

Date _____

NOTE: PARENTS OF STUDENTS WHO REQUIRE SCHOOL TRANSPORT ARE REMINDED TO COMPLETE AND RETURN A SCHOOL TRANSPORT FORM. RELEVANT INFORMATION AND FORMS CAN BE FOUND ON WWW.BUSEIREANN.IE

Consent Form for Sensitive Personal Data for the School's October Return to the Department of Education and Skills

Certain sensitive personal data which the Department asks post-primary schools to furnish via the "Annual Post-Primary School October Return/Examination Entries" process requires your written consent for your child's school to record this information and for the school to forward this information to the Department for purposes as outlined in circulars 0047/2010 and 0023/2016 copies of which are available at www.education.ie or on request from your child's school. Please note that the reference to "you" in this consent form means a parent or a guardian of a student, or a student aged 18 years and over who is attending a recognised post-primary school.

Please enter the following details in BLOCK CAPITALS

Name of School: _____ BORRISOKANE COMMUNITY COLLEGE _____

Name of Parent/Guardian: _____

Name of Student: _____

Class year of student: _____

1. Where your child is enrolling for **1st Year** do you or your child possess a medical card? (please CIRCLE the appropriate answer)

YES NO

2. What is the student's NATIONALITY⁴ _____

NATIONALITY is the preferred nationality which the parent/guardian (or student, where of an age deemed competent to do), so provides. It is chosen regardless of whether the student is adopted or has dual nationality. MOTHER TONGUE is the language a child speaks as their first language. (please use BLOCK CAPITALS)

3. Is English or Irish the MOTHER TONGUE⁵ of the student? -----
(answer YES or NO)

IN RESPECT OF THE NEXT QUESTION YOU MAY OPT NOT TO PROVIDE AN ANSWER.

4. To which ethnic or cultural background does the above named student belong?

Please circle only one category (these categories used are based on the Census)

1. White Irish
2. Irish Traveller
3. Roma
4. Any other white background
5. Black or Black Irish – African
6. Black or Black Irish – any other Black background
7. Asian or Asian Irish – Chinese
8. Asian or Asian Irish – Any other Asian background
9. Other including mixed background
10. No consent

Signed: _____
Parent/Guardian/Student

Date: _____

Please complete this form and return to Borrisokane Community College. This form will be retained by the post-primary school and will be made available for inspection by authorised officers of the Department or from the Office of the Data Protection Commissioner.