

In accordance with GDPR, I understand that my child's details at all times will be kept confidential and will only be collected with your consent. I understand that information about my child will only be shared on a need to know basis and will be securely stored.

SECTION 2 – DETAILS OF PARENT/GUARDIAN

If more than one name is given but the address is the same, only one letter will issue and will be addressed to both individuals.

	Parent / Guardian 1	Parent / Guardian 2
Prefix: (e.g. Mr. / Ms. / Ms. etc)		
First Name:		
Surname:		
Nationality:		
Address:		
Eircode:		
Telephone no.		
Email address:		
Relationship to Applicant		
If there are any orders or other arrangements in place relating to access to or custody of the Applicant, please provide details.		

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SECTION 3 - EDUCATIONAL DETAILS

Required for the assessment of individual educational needs

Pursuant to sections 20 and 28 of the Education (Welfare) Act 2000 and the Department of Education and Skills' National Strategy to Improve Literacy and Numeracy among Children and Young People 2011-2020, the school may receive educational records of the Applicant from a school/pre-school previously attended by the Applicant.

Resource and Special Educational Needs information

(please tick)

Does the Applicant have any special educational needs?

Yes

No

If you answered YES, please give details of the special educational need:

*For Applicants previously enrolled in another school accepting a place from **Senior Infants to 6th Class** Only (N/A for Applicants accepting a place in Junior Infants)*

Has the Applicant been in receipt of learning support or resource hours in his/her previous school?

Yes

No

If yes, for how many years:

Has the Applicant received EAL (*English as an Additional Language*) support in his/her previous school?

Yes

No

If yes, for how many years:

Do you give permission for your child to be individually tested (including diagnostic testing) and to attend individual/group sessions with a member of the Special Education Team, if deemed necessary?

Yes

No

Other relevant information

Please provide details of any other education related information regarding the Applicant which you deem appropriate to share with the school?

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SECTION 4 - MEDICAL DETAILS

The following information is requested in the event of a medical issue arising during school. Please note it may be necessary to disclose this information to staff in certain circumstances in the vital interest of the Applicant.

Please tick as appropriate	Yes	No	If yes, please provide details
Does the Applicant require glasses?			
Does the Applicant have hearing issues?			
Does the Applicant have allergies?			
Does s/he suffer from any medical condition that we should know about? For example, asthma, diabetes, epilepsy, etc.			
Is the Applicant on long term medication of which the school needs to be aware?			
Does s/he suffer from any medical condition that may necessitate the administration of emergency medicine/treatment on the school premises?			*Please ask for Health Care Plan from school office
Has the Applicant ever been referred to any outside agency? (i.e. Psychologist, Speech & Language Therapist, Occupational Therapist, Social Worker, etc.) If so, please provide copies of these reports to the school.			
Please list details of any serious medical/health concerns for the Applicant of which the school should be aware.			
Doctor's Name:			
Contact Details:			

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SECTION 5 – ADDITIONAL INFORMATION

The following information is requested in the event of a medical issue arising during school. Please note it may be necessary to disclose this information to staff in certain circumstances in the vital interest of the Applicant.

<i>Please tick as appropriate</i>	Yes	No
1. Do you give permission for your child to be taken directly to hospital by car or ambulance in case of serious illness/accident or emergency?		
2. In the event of your child having a minor accident, do you give your permission for a teacher or staff member to administer basic first aid?		
3. Do you give permission for your child to take part in the Relationships & Sexual Education programmes?		
4. Do you give permission for your child to go on a nature walk, an outing, swimming classes, a workshop or a school tour during school hours?		
5. Do you give permission for the school to pass your child's name and contact details on to the Health Board (for medical & dental check-ups, etc.) if the school is requested to?		
6. Do you allow your child to have access to the internet for educational purposes and to co-operate with the school's Acceptable Use Policy?		
7. Do you give permission for your child's work / photo / image to be used on the school website/ blog/television/newspaper reports relating to school activities?		
8. Do you give permission for your child's work, photo, image to be used for educational purposes by outside agencies such as Maynooth University, Ballyfermot library etc.?		
9. Please note: Some of the information from the first page on this form will be shared with the Department of Education & Skills for its pupil online database (POD). I / We have noted this.	Please tick	

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SECTION 6 - ADMISSIONS CRITERIA

This information will assist in determining whether the Applicant meets the admission requirements. The list of questions is not in order of priority.

A. Please confirm the Applicant's address for the purpose of determining whether s/he resides in the catchment area.

Address:	

B. Please confirm the Applicant's age for the purpose of determining the eligibility of his/her attendance in line with the relevant legislation and rules for National Schools.

Date of Birth:	
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C. If the Applicant currently has/had any siblings in this school, please indicate their names and current class.

(i) Name:	
Class:	
(ii) Name:	
Class:	
(iii) Name:	
Class:	

D. Please confirm that the Code of Behaviour is acceptable to you and you shall make all reasonable efforts to ensure compliance by the Applicant if s/he secures a place in the school. Please note that the Code of Behaviour can be found on the school website or from the school office.

I _____ confirm that the Code of Behaviour for the school is acceptable to me and I shall make all reasonable efforts to ensure compliance by the Applicant if s/he secures a place in the school.

DATA PROTECTION

The Board of Management of St. Louise de Marillac Primary School, Drumfinn Road, Ballyfermot is a data controller under the General Data Protection Regulations and the Data Protection Acts 1988 - 2018.

The personal data supplied on this Acceptance Form is required for the purpose of:

- Allocation of teachers and resources to the school;
- School administration;
- Student enrolment & registration;
- Determining a student's eligibility for additional learning supports;
- Child welfare (including medical welfare) and

all of which are tasks carried out pursuant to various statutory duties to which the school is subject. The processing of the personal data supplied on this Application Form is therefore carried out in line with Article 6(c) of the General Data Protection Regulation.

Failure to provide the requested information may result in the withdrawal of an offer of a place in the school.

While the information provided will generally be treated as private to St. Louise de Marillac Primary School and will be collected and used in compliance with the Data Protection Acts 1988 – 2018, from time to time it may be necessary for us to transfer the personal data to other bodies (including the Department of Education & Skills, the Department of Social Protection, An Garda Síochána, the Health Service Executive, Tusla (CFA) social workers or medical practitioners, the National Educational Welfare Board, the National Council for Special Education, any Special Education Needs Organiser, the National Educational Psychological Service, or (where the student is transferring) to another school/centre). We also may communicate some of the data with the patron or board of management of other schools in order to facilitate the efficient admission of students, pursuant to section 66(6) of the Education Act 1998 as inserted by section 9 of the (Admissions to Schools) Act 2018. 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.

The personal data provided in this Acceptance Form will be kept for 7 years from the date on which the Applicant turns 18 years of age, unless there is a statutory requirement to retain some or all elements of the data for a further period or indefinitely, in line with St. Louise de Marillac's Data Retention Policy, which can be found at www.stlouisesprimaryschool.ie.

A copy of the full Data Protection Policy is available at www.stlouisesprimaryschool.ie or from the school office.

Any person who provides personal data through this Acceptance Form has a right to request access to that data. S/he also has a right to request the changing of any information if it is factually incorrect. A request for erasure of the data can also be made by or on behalf of the data subject but this will only be acceded to where the data is no longer necessary for the purpose for which it was collected and where St. Louise de Marillac Primary School does not have a legal basis for retaining it.

If you as a data subject have any complaints regarding the processing of your personal data, you have the right to lodge a complaint with the Data Protection Commission.

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IMPORTANT INFORMATION:

- For the purposes of identification, you are required to submit two identical passport-sized photographs of the Applicant when returning this Acceptance Form;
- All Acceptance Forms and accompanying documentation should be sent to:
St. Louise de Marillac Primary School, Drumfinn Road, Ballyfermot, Dublin 10.

(Parent / Guardian 1)

(Date)

(Parent / Guardian 2)

(Date)

FOR COMPLETION BY SCHOOL ADMINISTRATION ONLY		
Is a Healthcare Plan needed?	Yes	No
Is there a custody arrangement in place?	Yes	No
Has a long version of the birth cert been provided?	Yes	No
Has the PPS number been provided?	Yes	No
Does the pupil require input from SET?	Yes	No
Date	School Stamp	