





Application for Mainstream/Registration Form

| FOR SCHOOL USE ONLY Start Date | Pre-Enrol No. | | | Registrati | | | | | on No. | | | |
|--|---|----------|----------------------------|---------------------|-----|-------------------|-------------------|-----|-------------------|-------------------|--|--|
| Note: Your child must be at least 4 on or before the 1 st of September to begin Junior Infants. | | | | | | | | | | | | |
| A. DETAILS OF CHILD C | lass: JI □ | SI 🗆 | 1^{st} | 2 nd | □ 3 | 3 rd □ | 4 th □ |] | 5 th □ | 6 th □ | | |
| First Name: | | Surna | ime: | | | | | Ger | nder: | | | |
| Date of Birth: | P.P.S | | Child's Citizenship: | | | | | | | | | |
| Religion (if any): | igion (if any): Main Language spoken at home: | | | | | | | | | | | |
| Name & Email Address of pre-school or previous primary school (if any): | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Does your Child have any Medical Conditions or Allergies? Yes \Box No \Box | | | | | | | | | | | | |
| Does your Child have any Special Education Needs? Yes \square No \square | | | | | | | | | | | | |
| Does your Child attend any special services e.g. Speech Therapy? Yes \square No \square | | | | | | | | | | | | |
| If YES to the any of the above, please supply details. (Inaccurate information to either of the above will invalidate this application) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| B. Text messages will be sent. One or two mobile numbers is required: | | | | | | | | | | | | |
| E-mails MAY BE SENT. One or two E-mail addresses: | | | | | | | | | | | | |
| C. DETAILS OF PARENTS | S/GUARDIA | NS | | | | | | | | | | |
| Mother/Guardian's Full Name: | | Father/0 | Father/Guardian Full Name: | | | | | | | | | |
| Address & | | | Address & | | | | | | | | | |
| Eircode: | | | Eircode | Eircode: | | | | | | | | |
| Mobile: Work Phone: | | | Mobile | Mobile: Work Phone: | | | | | | | | |
| Country of Birth: | | | Country of Birth: | | | | | | | | | |
| Occupation: | Occupation: Occupation: | | | | | | | | | | | |
| Emergency Contact Person (Child-minder/Relation/Neighbour/Other) if parent(s) not available: Name: | | | | | | | | | | | | |
| If only one parent/guardian is named on this form, please tick this box to confirm that the person making the application to enrol has full authority to do so. In the event that this box is ticked, we may request further information before proceeding with the enrolment application. I accept the offer of a school place for my child in Tyrrelstown ETNS and understand this implies acceptance of our | | | | | | | | | | | | |
| school rules and policies. | | | | | | | | | | | | |
| I give my consent to the School to give my address/contact details to the HSE for the purpose of school medicals. You may be required to complete additional forms to ensure we have all the relevant information to support this application. | | | | | | | | | | | | |
| • I give my consent for my child(s) face image to be stored on his/her profile on our data base. | | | | | | | | | | | | |
| Signature: Date:/ | | | | | | . • | | | | | | |

General Data Protection Regulation (GDPR) Form

Parental/Guardian Permissions for children attending Tyrrelstown ETNS

As part of our work to comply with General Data Protection Regulation (GDPR), we are seeking consent for various categories of data which we process. This includes:

- Methods of contacting you about your child in Tyrrelstown ETNS
- Emergency Contacts

Yes □

• Using photographs or videos of your child on our website, internal displays or other school materials.

This information will be used throughout your child's time at school. You may withdraw your consent at any time by contacting the school.

Section 2 - School Contact

From time to time, Tyrrelstown ETNS may notify parents of: Sports days, Parent-teacher meetings, School concerts/events, School closures (e.g. where there are adverse weather events), other such events/occasions as they arise etc, Additionally, Tyrrelstown ETNS may also need to communicate with you in relation to: Your child's social, emotional and educational progress, communicating with you in the case of an emergency etc.

| etc, Additionally, Tyrrelstown ETNS may also need to emotional and educational progress, communicating with | o communicate with you in relation to: Your child's social, h you in the case of an emergency etc. | | | | | | |
|--|--|--|--|--|--|--|--|
| I give my consent for Tyrrelstown ETNS to contact me for the above reasons via letter, telephone, email, text etc.: | | | | | | | |
| Yes □ | No □ | | | | | | |
| Section 3 – Emergency Contacts Upon enrolling your child in Tyrrelstown ETNS, you provided emergency contact details. If Tyrrelstown ETNS cannot contact you in the case of emergency or illness, the school may need to contact these emergency contacts. | | | | | | | |
| emergency or illness, if I cannot be contacted: | ased to the emergency contacts I provided in the event of | | | | | | |
| Yes □ | No □ | | | | | | |
| Section 4 - Use of image (including photographs and video recordings) It has become customary to take photographs of students engaged in activities and events in the interest of creating a pictorial as well as historical record of life at the school. Photographs/digital images may be published on our school website or in brochures, yearbooks, newsletters, local and national newspapers and similar school-related productions. (a) I give consent for images/recordings of my child/children to be taken: | | | | | | | |
| Yes □ | No □ | | | | | | |
| (b) I give consent for images/recordings of my cl | nild/children work to be taken: | | | | | | |
| Yes □ | No 🗆 | | | | | | |
| (c) I give my consent for my child/children's in used as part of internal displays around the | mages/recordings and images/recordings of their work to be class/school: | | | | | | |
| Yes □ | No □ | | | | | | |
| (d) I give my consent for my child/children's images/recordings and images/recordings of their work to be used on the school website/social media accounts (with no name attached) | | | | | | | |
| Yes □ | No □ | | | | | | |
| Section 5 – School Trips From time to time, classes may have outings within the local Tyrrelstown area (for example, to the park or the local shops). These outings take place on foot. I give my consent for my child/children to go on outings on foot within the local Tyrrelstown area. Yes \Box No \Box | | | | | | | |
| Section 6 – G Suite for Educational Accounts Tyrrelstown ETNS uses G Suite for Education from G pupils in our school. | oogle. This allows us to create a managed Google account for | | | | | | |
| I give my consent for a G-Suite for Education accoun | at to be created for my child/children | | | | | | |

No □