



Loreto Junior Primary School,

Crumlin Road,

Dublin 12.

Email: secretary@loretojunior.ie

Tel: (01) 454 1746

Items marked with an * are required for the Department of Education and Skills Primary Online Database (P.O.D.) and will be recorded on Aladdin, our administration software.

*First Name: _____ *Surname: _____

(First name and surname as appears on Birth Certificate) Please circle: Male Female

*Address: _____

*Date of Birth: _____ *PPS No: _____

*Nationality: _____ Home Telephone No: _____

Parent/Guardian 1: _____ Mobile: _____

Email: _____

Parent/Guardian 2: _____ Mobile: _____

Email: _____

Emergency Contact 1: _____ Relationship: _____

Telephone: _____

Emergency Contact 2: _____ Relationship: _____

Telephone: _____

Name, address and phone number of current school: _____

Class to which your child is entering: _____ Year of entry: _____

Child's first language: _____

Brothers/sisters attending Loreto Junior Primary School: _____

*Has your child ever been assessed by an Educational Psychologist, Speech Therapist or Occupational Therapist or has an assessment been recommended? Yes No

If yes please give a copy of the report to the principal.

*Does your child attend Learning Support? Yes No

I agree to abide by the school's rules including Uniform and Behaviour Policy and to support my child in doing likewise.

Signed: _____ Parent/Guardian

MEDICAL CONSENT

Does your child suffer from any medical condition or allergy?

Yes

No

If yes please give details: _____

I give permission for my child to participate in the SPHE (Social, Personal and Health Education) programme which includes the RSE (Relationships and Sexuality Education) and the Stay Safe Programme.

Signed: _____ Parent/Guardian

In the event of serious illness/accident every effort will be made to contact parent(s)/guardian(s) by phone. In the event of you not being contactable:

Do you agree to allow a staff member to take your child to the health clinic/hospital/doctor? Yes

No

Do you give permission for a staff member to sign a hospital consent form?

Yes

No

Doctor's Name: _____ Telephone No: _____

Doctor's Address: _____

Child's Name in full: _____

Signed: _____ Parent/Guardian

SCHOOL WEBSITE CONSENT

We may wish to include photographs/video of children or their work/activities on our website. No surnames or personal information will appear.

I consent to photographs of my child and his/her work/activities being included on the school's website.

Yes

No

Signed: _____ Parent/Guardian

TEXT-A-PARENT

We have adopted an additional method of School-Home communication called 'Text-a-Parent' and request your cooperation to ensure its effectiveness. Our aim is to keep parents fully informed of important information, date or time changes of events and reminders of up-coming school related activities. However, most communication will continue to be done by letter. Please ensure that we have your most up-to-date and reliable number at all times.

Child's Name: _____

Please indicate the phone number which should receive text messages from the school.

Mobile Phone Number: _____ (Please give one mobile number)

Relationship to Child:

Mother		Father		Guardian		Other (please specify)	
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GENERAL CONSENT

I give permission for Loreto Junior Primary School to request school reports from other schools and relevant bodies to include professional reports/end-of-year reports and school attendance records.	Yes	No
I give my permission for Loreto Junior Primary School to share my child's personal information ie. Name, Address, Date of Birth, Contact Details with the Health Services Executive for the School Dental/Vision Programme.	Yes	No
I give my child permission to go on school tours and outings in the locality eg. The Church, Sundrive Park etc.	Yes	No
I give my permission for my child to have his/her photograph taken by a professional company. (There is no obligation to purchase)	Yes	No

PRIMARY ONLINE DATABASE (P.O.D.) CONSENT

for Religion/Ethnicity/Cultural Background

All pupils must be registered on the Department of Education and Skills Primary Online Database (P.O.D.). Included in this registration is a request for information regarding Religion, ethnicity and cultural background. This information is deemed sensitive by the Data Protection Commissioner.

I consent to the information I provide regarding Religion, ethnicity and cultural background to be included on P.O.D.

Yes No

Signed: _____ Parent/Guardian

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

Categories based on the Census of population.

White Irish		Irish traveller		Roma	
Any other white background		Black African		Any other Black Background	
Chinese		Any other Asian Background		Other (inc. mixed background)	
No Consent					

What is your child's religion?

Roman Catholic		Church of Ireland (inc. Protestant)		Presbyterian	
Methodist, Wesleyan		Jewish		Muslim (Islamic)	
Orthodox (Greek, Coptic, Russian)		Apostolic or Pentecostal		Hindu	
Buddhist		Jehovah's Witness		Lutheran	
Atheist		Baptist		Agnostic	
Other Religions		No Religion		No Consent	

I consent for this information to be stored on the Primary Online Database (P.O.D.) 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

