

PRESENTATION SECONDARY SCHOOL

Ballyphehane, Cork Tel:0214961765 Fax: 0214961767

Email:admin@presballyphehane.com www.presballyphehane.com Facebook/Twitter @presballyphehane.com

ENROLMENT FORM

Please insert recent passport picture here.

PERSONAL DETAILS					
Student's Surname: (a	as per birth cert.)				
Student's Christian Na	ame(s): (as per bi	rth cert)			
Name Known as:					
Country of Birth:		Passport: Irish	Other	Please specify	
Date of Birth:	Day		Month	Year	
Full Postal Address:					
Home Telephone Nur	mber:				
Mobile Number:	Mother				
	Father:			1	
	Please tick the mo	obile number above to	o be used for commu	nication from school (text-a-paren	t)
Daytime Contact nam	e & Number:				
Emergency Contact N	ame & Number _				
Applicant's P.P.S. Nur	nber:				
(This number is available from Skills)	n your Local Health Boar	rd/Social Welfare Office	and is essential to regi	ster your daughter with the Departmen	nt of Education &
Primary school preser	ntly being attende	ed:			
*MEDICAL CARD HOL	DER: Yes [No [Name o	on card:	Card number:	
NO. OF CHILDREN IN	FAMILY: Boys:	Girls	:	PLACE IN FAMILY	
MOTHER'S OCCUPATI	ON:	FA1	THER'S OCCUPAT	ION:	
*MOTHER'S MAIDEN	NAME:		PAST PUPIL OF F	PRESENTATION: YES N	0

*This information is required by the Department of Education & Skills and will be data protected.

EMAIL ADDRESS (Please write clearly)

SISTER(S) PRESENTLY IN THE SCHOOL:	
Name and year:N	ame and year:
SISTER(S) WHO ARE PAST PUPILS OF THIS SCHOOL:	
Name(s)	
MEDICAL INFORMATION:	
In the event of an accident or medical emergency, we ask your permission to	bring your daughter(s) to the doctor/hospital.
I GRANT PERMISSION I DO NO	T GRANT PERMISSION
FAMILY DOCTOR'S NAME:	CONTACT NUMBER:
FAMILY DOCTOR'S ADDRESS:	
Does your child suffer from allergies? (Give details)	
HAS YOUR CHILD ANY HEALTH ISSUES THAT WOULD AFF	ECT FULL PARTICIPATION IN SCHOOL LIFE?
(Give details)	
EYESIGHT PROBLEMS? YES NO	
If yes, please explain	
HEARING PROBLEMS? YES NO	
If yes, please explain.	
(Note all the above information	on is treated as strictly confidential)

"I/We wish to make an application for my/our daughter to att	rend the above Post-Primary School from Sentember next"
SIGNATURE OF BOTH PARENTS/GUARDIANS:	the above rost rilliary serios from september flexe
SIGNATURE OF BOTT FARENTS, GOARDIANS.	
Mother's Signature	Father's Signature
Wother 5 Signature	Tatrici 3 3ignature
Mother's Name (Block Capitals)	Father's Name (Block Capitals)
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Student's Signature	Date

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RELEASE OF INFORMATION FORM

(Consent of release of information from OTHER School(s) in relation to
Applications to Transfer to
Presentation secondary School, Ballyphehane, Cork)

Name o	of Student: s:	
Date of	Birth:	
		I/We the parent(s)/guardian(s) of the above named student give
		(Name of Primary School Principal)
	Princip	al of
		(Name of Primary school)
	Consent t	o release all appropriate and relevant information pertaining to
	our/my o	daughter to Nicola Barrett, Principal of Presentation Secondary
	School, B	allyphehane in the event of such information being requested.
Signed:		
		Parent/Guardian
Date		



PRESENTATION SECONDARY SCHOOL, BALLYPHEHANE

QUESTIONAIRE FOR PARENTS

1.	Is your	daughte	er receiv	ing learning support/resource teaching at present?
	Yes	[]	No	[]
2.	Has sh	e previo	usly rece	eived learning support/resource teaching?
	Yes	[]	No	[]
3.	Has a p	sycholo	gical ass	essment (educational or clinical) being carried out on your daughter
	Yes	[]	No	[]
	If yes,	please st	ate date	e of report
4.	Have y	ou any c	oncerns	regarding the learning needs of your daughter?
	Yes	[]	No	[]
5.	If born Irish?	outside	Ireland 	or resident outside of Ireland for a number of years, how long has she been learning
6.	Do you		formal e	xemption from Irish? If so, please forward a copy of the original exemption
	Yes	[]	No	[]

NOTE: Any psychological reports need to be forwarded to the school to Gillian Murphy, Special Needs Co-ordinator immediately so that the school can begin the process of accessing necessary supports for your daughter. If you have any concerns regarding the learning needs of your daughter, please feel free to contact the school for an appointment with Gillian Murphy

DATA PROTECTION

Presentation Secondary School, Ballyphehane is a data controller under the Data Protections Act, 1988 and 2003. The personal data supplied on the Personal Details 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 support / transport / examinations
- School administration
- Child welfare (including medical welfare)
- And to fulfil our other legal obligations

SCHOOL CONTACTING YOU

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

- Parent/Teacher meetings
- School concerts/events
- To notify you of school closures (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.

Please tick the box if "yes" you agree with these uses:	
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?	

<u>Please note:</u> Presentation Secondary School, Ballyphehane reserves the right to contact you in case of an emergency relating to your child, regardless if you have given your consent.

While the information provided will generally be treated as private to Presentation Secondary School, Ballyphehane and will be collected and used in compliance with the Data Protection Acts 1988 &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 (CFA), social workers or medical practitioners, the National Educational Welfare Board, the National Council for Special Education, any Special Needs Organiser, the National Educational Psychological Service, or (where the student is transferring) to another school. We rely on parents/guardians and student to provide us with accurate and complete information and to update us in relation to any changes 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.

PHOTOGRAPHS OF STUDENTS

The school maintains a database of photographs of school 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. Photographs may be published on our school 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 daughter(s) wish to have her photograph removed from the school website, brochure, yearbooks, newsletter etc. at any time, you should write to the principal.

		CONSENT (Tick ONE ONLY)
		If you are happy to have your child's photograph taken as part of the school activities and included in all such records, please tick here.
	2.	If you would prefer NOT to have your child's photograph taken and included in all such records, please tick here.
	3.	If you are happy to have your child's photograph taken and included in all such records, but would prefer NOT to have images of your child appear on the school website, in school brochures, yearbooks, newsletter etc. tick here.
Signed:		(Parent/Guardian)
Date:		
Circul	lar 00	23/2016 - FORM for the collection and return of student data by the school to the Departmen
01: W	hat is	of Education and Skills. the student's NATIONALITY4
×1. 11	1144 13	(Place use RI OCK CAPITALS)

Q2: Is English or Irish the MOTHER TONGUE5 of the student? -----

provides. It is chosen regardless of whether the student is adopted or has dual nationality.

(Answer YES or NO)

MOTHER TONGUE is the language a child speaks as their first language.

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

NATIONALITY is the preferred nationality which the parent/guardian (or student, where of an age deemed competent to do), so

O3: 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

Please complete the Application Form and return to the school office before,

Friday 13th October 2017

Accompanied with an administration fee of €100 (Non-refundable)

This will cover your daughter's expenses for first year

Any special requests please include with this application as it may not be possible to entertain requests made at a later date. Many Thanks.

Special Requests:
·
Have you enclosed the following with this enrolment form?
Your daughter's birth certificate – copy only (NO ORIGINALS)
• 2 Recent passport photos
Most recent school report
€100 administration fee





Principal: Nicola Barrett

Deputy Principal: Gillian Murphy