

EDMONDSTOWN NATIONAL SCHOOL
PUPIL INFORMATION FORM

Child's Full Name: _____
Surname – Block Letters *First Names*

Date of Birth: _____ / _____ / _____ PPS No _____

Address: _____

Religion: _____

Mother's Maiden Name: _____ Nationality: _____

Occupation: _____

Mobile No: _____ Employer's Tel No: _____

Email Address for contact: _____

Father's Name _____ Nationality: _____

Occupation: _____

Mobile No: _____ Employer's Tel No: _____

EMERGENCY CONTACT:

Name: _____ Tel No: _____

Address: _____

Has your child ever been referred to a Public or Private Agency providing Psychological/Psychiatric Services (e.g. Child Guidance Clinic, H.S.E.), Speech Therapist, Eye/Ear Specialist, etc.? Yes _____ No _____
If yes, please state the names of the services and dates of attendance:

I/We have read the school's Code of Behaviour and Anti-Bullying Policy; it is acceptable to me/us and I/we will make all reasonable efforts to ensure compliance with the Code by _____ (child's name).

Signed: _____
Mother/Guardian

Father/Guardian

Please read carefully each of the items below and tick the relevant box. Not all occasions may be relevant to your child this year, but they probably will be at some stage in the future.

I hereby give permission for my child in relation to the following:

	Yes	No
Go on school tours, educational visits/field trips and participating in school activities (e.g. matches, quizzes, choir, nature walk, etc.)		
It is the school's policy to celebrate your child's work and achievements. As a result, we may display images of your child and his/her work in the classroom or around the school. Do you agree to the school using your child's image in this way?		
It is the school's policy to celebrate your child's work and achievements. As a result, we may display images of your child and his/her work on our school website. At no stage, will your child be identified by name (unless previously agreed with you). Usually children will only be pictured at a distance and in groups. Do you agree to the school using your child's image in this way?		
The school teaches the "Stay Safe" programme on personal safety. This is recommended and vetted by the Department of Education and Skills. Information on this programme is available on www.staysafe.ie . Can your child participate in this programme?		
Do you give permission for your child to be brought immediately to a doctor/hospital in case of serious illness/accident?		
In relation to the junior classes, sometimes the teacher may need to help the children change their clothes. Do you agree to this?		
The H.S.E. requests the names and addresses of the pupils in the school for the purpose of contacting families in regard to medical services which the State provides to schools. Do you agree to your details being provided?		
Do you give permission for your child to be photographed or video-recorded while in the care of the teaching staff?		
Some of this data will be processed by the Department of Education & Skills for educational purposes. I agree to the onward communication of this information.		
My child has permission to be brought to particular events in the car of another parent or teacher.		

Signed: _____

Date: _____
