



John Scottus National School

SCOIL NÁISIÚNTA JOHN SCOTTUS

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Tel: (01) 6609309

Email: [primary@johnscottus.ie](mailto:primary@johnscottus.ie) Web: [www.johnscottusns.ie](http://www.johnscottusns.ie)

## REGISTRATION FORM

**Proposed Class:** \_\_\_\_\_

**Intended start date:** \_\_\_\_\_

i.e Junior Infants, Senior Infants, 1st 2nd 3rd 4th 5th 6th

(DD/MM/YY)

How did you hear about JSNS	
Reason(s) for choosing JSNS	

**Child's details** (BLOCK CAPITALS PLEASE)

**Copy of Birth Certificate is required**

Full Name of Child as on Birth Certificate	
Boy or Girl	
PPS Number	
Day, Month and Year of Birth (dd/mm/yyyy)	
Nationality	
Country of Birth	
First Language of Child	
Language spoken at home	
If first language is not English, does your child understand and speak English	
Details of brothers or sisters in JSNS	
Has your child attended <b>Primary School</b> or <b>Playschool</b> previously? If Yes please provide Name and Address of school	
<b>If transferring</b> from another <b>Primary School</b> , please give the reason for leaving the school (Reports from previous school must be included with this registration form)	

**Parent/Guardian's details** (BLOCK CAPITALS PLEASE)

Parent/Guardian 1	Parent/Guardian 2
Name:	Name:
Address:	Address:
Mobile Number:	Mobile Number:
Email:	Email:
Office:	Office:
Home:	Home:
Emergency Contact Details - Name And Number	
Nationality:	Nationality:
Occupation:	Occupation:

**Child's Personal Information**

Medical conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Details:</u>
Allergies/Intolerances/Sensitivities	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Details:</u>
Speech Therapy	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Details:</u>
Occupational Therapy	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Details:</u>
Educational Psychologist	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Details:</u>
Special Education Needs	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Details:</u>
Behavioural or emotional issues	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Details:</u>
Any other information relevant to your child's educational needs	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Details:</u>

## **Data Protection**

A summary of the Data Protection Policy is set out below. This Data Protection Policy (together with updates and amendments as may be made to the policy from time to time will apply during the pupil's time at John Scottus National School.

### **Personal Data on this Form**

**The personal data required on this application form is required for the purposes of:**

- Student enrolment and registration
- Allocation of teachers and resources to the school
- Determining a student's eligibility for additional learning supports
- School administration
- Assessment
- Child welfare (including medical welfare)
- To fulfil our other legal obligations

### **School Contacting you:**

- To communicate with you in case of emergency
- To communicate with you in relation to your child's social, emotional, attendance and educational progress
- School concerts/events/sports/updates
- Administration purposes

We will contact you by email address, phone or mobile phone/text message when necessary

## **Data Protection Policy:**

The complete Data Protection Policy is on the school website, [JSNS Data Protection Policy](#)

By signing this registration form you are indicating that you consent to your data /your child's data being collected, processed and used in accordance with the JSNS Data Protection policy. Should you wish to update or access you/your child's personal data, you should contact the school office at [primary@johnscottus.ie](mailto:primary@johnscottus.ie). We rely on parents/guardians to provide us with accurate and complete information and to update us in relation to any change in the information provided.

## **Photographs (including video) of Students:**

The school maintains photographs and videos of school events held over the years. It has become customary to take photographs of pupils 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. In the case of website photographs/digital images, pupils' full names will not appear on the website as a caption to the picture. If you or your child wish to have his/her photograph/digital image removed from the school website, brochure, yearbooks, newsletters etc. at any time, you should contact the school office.

### **CODE OF BEHAVIOUR :**

In registering the above named child I/We confirm that I/We have read the Code of Behaviour (on the school website) and fully support the ethos of the school.

I/We, hereby agree that I/We and my/our child will fully comply with the Code of Behaviour at all times and understand that this implies a full acceptance of the rules and policies of the school as laid down from time to time by the Board of Management.

I/We agree to support the staff in their efforts to provide a positive learning experience for all children in the school. As a partner in the education of my child, I/We recognise the need for me/us to support the work of the school.

- 1) Support the ethos of the school, specifically, promote the 5 school rules at home
  - Take care of everyone including yourself
  - Give attention and participate fully
  - Speak truthfully and beautifully
  - Follow directions immediately
  - Take care of everything
- 2) Arrive on time every day
- 3) Ensure that our child wears the correct uniform every day
- 4) Do not take holidays during school time
- 5) Ensure that all homework is done every day.
- 6) From 2C up, send my/ our child on annual away class trip (costs circa €150-€200 euro)
- 7) Attend all class and whole school performances.
- 8) Attend all school, class and individual parent/teacher meetings.
- 9) Ensure that I/We can be contacted immediately, if necessary
- 10) Collect my/or child immediately from school, if directed by the school.

<b>Consent</b> Please tick	Yes	No
<b>Activities outside school:</b> During the school year classes may undertake activities and school trips outside the school premises for example visiting parks, libraries, farms etc. I/We consent that my child may do so.		
<b>Digital Technology:</b> I/We give consent for my child to use the school computers in line with the schools Acceptable Use Policy. I will discuss with my/our child to use the internet in a responsible way and to follow all the rules explained to them by the school.		
<b>Class Trip (2nd to 6th Class) Overnight Minimum 2 nights</b> I/We consent to my child going on an annual school trip at the end of the summer term.		
<b>Extracurricular Activities:</b> I/We give consent to allow my child to engage in extra curricular activities eg school competitions, choirs and for their name and date of birth to be shared with organisers (if required).		
<b>Details for Class Rep:</b> I/We give consent for our contact details i.e. email address and mobile phone numbers to be shared with the class representative.		
<b>Medical Emergencies.</b> I/We give permission for my child to receive any medical attention deemed necessary for non medical emergencies, where first aid will be applied, and to be taken to hospital in case of serious illness or accident.		
<b>School Policies.</b> I/We have familiarised ourselves with all school policies, agree to abide by them and agree to discuss them at an appropriate level with my/our child. <a href="#">JSNS SCHOOL POLICIES</a>		

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian

**YOUR CHECKLIST:** Form fully and accurately completed  Birth Certificate included  Signature

**We will email confirmation of a place**

Office Use Only					
	Date	Comments		Date	Comments
Meeting/Visit School			POD		
Pupil Contact List			FINANCE		
Class List			Birth Cert		
Contacts			Confirmation		