Cromcastle Green,
Kilmore West,
Dublin 5.
D05 YP68

Ph: 01 8476709
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Pupil Registration Form

Spec. cl.	J.I.	S.I.	1st	2nd	3rd	4th	5th	6th

Name of child as on Birth Certificate	
Gender	
Date of Birth [Copy of Birth Cert attached]	
PPS Number	
Address	

Does your child attend a (please ✓ and name)			
Crèche	☐ Yes	☐ No	If yes, please name:
Playschool / Montessori	☐ Yes	☐ No	If yes, please name:

Health information

Does your child have (please ✓)	**Yes**	**No**
Hearing difficulties		
Vision difficulties		
Speech difficulties		
Language difficulties		
Physical difficulties		
Behavioural difficulties		
Allergies		

If you have answered Yes to any of the health information questions, please explain

_____

_____

_____

Has your child been assessed by a (please ✓)*	**Yes**	**No**
Speech therapist		
Occupational therapist		
Psychologist		
Other specialist (if Yes please specify here)		

*** If Yes to any of the above, please attach a copy of report**

Family

Place in family_____ Brother[s] in Scoil Fhursa _____

Please ✓ if your child is	
Adopted	
Fostered	
Lives with one parent	
Lives with both parents	
Has a deceased parent / stepmother/father	

(Please ✓)	Yes	No
Is there any court order that is in place relating to any aspect of Guardianship, Custody or Access? If **yes**, please submit a copy of the court order.		

	Parent 1/Guardian 1	Parent 2/Guardian 2	Emergency Contact
Name			
Address			
Email address (please print)			
Nationality			
Mobile Tel. No.			

If there is any information regarding your child/family that you think is important we should be aware of, please outline below.

_____

_____

_____

_____

Data Protection: The information collected on this form will be held by Scoil Fhursa in manual and in electronic format. The information will be processed in accordance with the Data Protection Act, 1988, the Data Protection (Amendment) Act, 2003 and GDPR regulation 2018.

The purpose of holding this information is for administration needs and to facilitate the school in meeting the student's educational needs and legal commitments etc. Some of the data will be stored on Aladdin Software for Schools. We are obliged to share some of the information with the Department of Education & Skills, Tusla (Child and Family Agency) and the Health Service Executive.

Disclosure of any of this information to statutory bodies such as the Department of Education and Skills or its agencies will take place only in accordance with legislation or regulatory requirements. Explicit consent will be sought from Parents/Guardians, if the school wishes to disclose this information to a third party for any other reason. Parents/Guardians of students have a right to access the personal data held on them by the school and to correct it if necessary.

I consent to the use of the information supplied as described.

Signed: _____ Date: _____
Parent 1/Guardian 1

Name in Block Capitals: _____

Signed: _____ Date: _____
Parent 2/Guardian 2

Name in Block Capitals: _____

If for any reason, your circumstances change and you will not be sending your child to our school, please email office@scoilfhursa.ie as soon as possible.