# John Scottus Secondary School Registration Form

**Student Information**

|  |  |
| --- | --- |
| Student’s Name (as per Birth Cert) |  |
| Date of Birth |  |
| P.P.S Number |  |
| Country of Birth |  |
| Primary School |  |
| Intended State Date |  |
| Class Starting |  |

**Parent/Guardian Information**

|  |  |  |
| --- | --- | --- |
| Parent(s)/Guardian (s) Names |  |  |
| Relationship to Student |  |  |
| Address |  |  |
| Telephone Numbers: | Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address |  |  |

**Has your child:**

Had as assessment?

Psychological NO YES Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupational NO YES Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speech NO YES Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other NO YES Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Had access to resource hours? YES NO

Received all his/her education in Ireland ? YES NO

Studied Irish in Primary School? YES NO

If yes, please state number of years she has studied Irish in primary school: \_\_\_\_ years

Been granted an exemption from Irish by the DES? YES NO

If yes, please state reason for exemption being granted

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide copy of assessments and/or Irish Exemption to the school where applicable.

If transferring from another Primary School reason for leaving school: (Reports from previous school must be included with this application.)

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| --- |
| DECLARATION BY PARENT/GUARDIANI parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_wish for my child to be registered as a student of John Scottus Secondary School.I hereby undertake, for myself and for my child to observe the rules and regulations of the school, made or to be made by the Principal and Management.SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_SIGNATURE OF STUDENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_/\_\_\_/\_\_\_ |

Registration fee €100 included? Yes/No

Please return this Form to: “The Secretary” at the address above or by email to secondary@johnscottus.ie.

*Data Processing Note*

The school is a Data Controller under the Data Protection Acts 1998 and 2003 and 2018. Personal data supplied on the enrolment form will be used for the purposes of student enrolment, registration, administration, child welfare and to fulfil any other legal obligations. While the information provided will generally be treated as confidential to the school, from time to time it may be necessary for the school to exchange personal data on a confidential basis with other bodies including the Department of Education and Skills, Department of Social and Family Affairs, An Garda Siochána, the Health Service Executive, National Educational Welfare Board. Contact details will also be used to notify you of school events and activities.

The School relies on parents/guardians to provide us with accurate and complete information and to update us in relation to any change in the information provided. You should write to the Principal should you wish to update or access your child’s personal data. Please see our school website at [www.johnscottus,ie](http://www.johnscottus,ie) for a copy of our privacy notice an Data Protection Policy.

# Consent Form

On enrolment, please note that your explicit consent is required for the following data processing activities:

**Student Name: ……………….………………………………… Office Use: Identifier: ……………**

**School Publications**

In our school we wish to publish photos of students at school events. This may involve photos being published in our school newsletter and our website. Do you give explicit consent to your child’s photo being published?

I/we give explicit consent.

………………………………………………………………………………….. Signature Parent(s)Guardian(s)

I/we do not give explicit consent to our child’s photo being published.

………………………………………………………………………………….. Signature Parent(s)Guardian(s)

Please note that you have the right to withdraw consent at any time. Please note that you have the right to opt-in and give consent at any time.

**Social Personal and Health Education**

I parent/guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for her

Participation in RSE (relationships and sexuality) classes as part of the S.P.H.E

I/we give explicit consent.

………………………………………………………………………………….. Signature Parent(s)Guardian(s)

I/we do not give explicit consent to our child participating in RSE.

………………………………………………………………………………….. Signature Parent(s)Guardian(s)

Please note that you have the right to withdraw consent at any time. Please note that you have the right to opt-in and give consent at any time.

**Sharing Personal Information with Other Parents**

It is part of the tradition of John Scottus School to help build connections between the parent body. As a result, we usually share the contacts details (ie email and phone numbers) of parents with the other parents in their child’s class.

I/we give explicit consent to sharing of contact details (phone/email) with other parents. ………………………………………………………………………………….. Signature Parent(s)Guardian(s)

I/we do not give explicit consent to our contact details being shared with other parents.

………………………………………………………………………………….. Signature Parent(s)Guardian(s)

**Medical Information – Explicit Consent**

The school owes a duty of care to your son/daughter.

Has your daughter a health issue we need to be aware of? Yes No

If yes, please give details of how you wish the school to manage/assist your child.

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In the event of an emergency, would you wish us to contact your child’s Doctor. If so, please supply:

Doctor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/we give explicit consent for the data being used for the above purposes.

………………………………………………………………………………….. Signature Parent(s)Guardian(s)

The legal basis is that school requires this information relates to the vital interests of the student in its care.