

# Tallanstown NS



## REGISTRATION FORM [2025-2026] Uimhir Rolla:02745N

|  |   |
|--|---|
| Please complete in <b>BLOCK CAPITALS</b>   | <b>CLASS:</b>   |
| <b>Pupil's Name:</b>   | <b>Male/Female</b>  |
| <b>Date of Birth:</b>  | <b>Country of Birth:</b>  |
| <b>P.P.S. Number:</b>  | <b>Nationality:</b>   |
| <b>Address:</b>  | <b>If born outside the country,<br/>year of arrival in Ireland:</b> |
|  | <b>Languages spoken in the home:</b>                                |
| <b>Eircode:</b>  | <b>Religion (if applicable):</b>                                    |
| <b>Parent/Guardian Details</b>   | <b>Parent/Guardian Details</b>                                      |
| <b>First Name:</b>   | <b>First Name:</b>  |
| <b>Last Name:</b>  | <b>Last Name:</b>   |
| <b>Relationship to child:</b>  | <b>Relationship to child:</b>                                       |
| <b>Phone No (Home):</b>  | <b>Phone No (Home):</b>   |
| <b>Phone No (Work):</b>  | <b>Phone No (Work):</b>   |
| <b>Phone No (Mobile):</b>  | <b>Phone No (Mobile):</b>   |
| <b>Email Address:</b>  | <b>Email Address:</b>   |
| <b>Names of brothers/sisters enrolled in this school or who are past pupils of the school:</b> |   |

**It is school policy to pass on the above information excepting Religion and Ethnicity to the Department of Education and Skills.**

| Please tick   | Yes | No |
|---|-----|----|
| Are there any orders or other arrangements in place governing access to or custody of your child? |     |    |

The school may share Personal Pupil Data with other organisations such as HSE, Tusla, An Garda Síochána, etc where there is a legal basis for doing so under GDPR.

Name of Previous School/Pre-school:

Address:

Principal's Name:

Phone No:

**Additional local contact names, to be contacted in emergencies [Not the same as above]**

Name:

Phone No:

Relationship to child:

Name:

Phone No:

Relationship to child:

Name:

Phone No:

Relationship to child:

| Please tick   | Yes | No |
|---|-----|----|
| Have you attached a Birth Certificate for your child? |     |    |

### SCHOOL USE ONLY

If the language spoken at home is **NOT** English, an Appointment with our E.A.L. (English as Another Language) teacher is required.

Date of Appointment: \_\_\_\_\_ Time: \_\_\_\_\_

Teacher: \_\_\_\_\_

**Relevant Medical Information:**

**Family Doctor:**

**Phone No:**

**Any medical concern/information of relevance? (use a separate sheet, if required)**

**Has your child any Special Educational Needs?**

**Details:**

## Consent Form

**We would like your permission for the following in relation to your child**

*Please tick the appropriate box and sign - Both parents/guardians please sign below*

| <b>Please Tick</b>   | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| <b>Activities Outside/After School</b>   |            |           |
| During the school year classes may undertake activities outside the school premises e.g. visiting the church, library. I consent that my child may do so.  |            |           |
| <b>D.T. (Digital Technology)</b>   |            |           |
| I give consent for my child to use the digital devices in the school in line with our Acceptable Use Policy.   |            |           |
| <b>School Website/Publications:</b> I give consent for the use of school related photographic images which include my son/daughter on the school website, local newspapers, school facebook page, instagram or in other school publications or displays. I understand that s/he will not be identified individually. |            |           |
| <b>Dept of Education &amp; Skills</b>  |            |           |
| I give written parental consent to share Ethnic or Cultural Background and Religion with the Department of Education & Skills.   |            |           |
| <b>Medical Emergencies</b>   |            |           |
| I give permission for my child to receive any medical attention deemed necessary and to be taken to hospital in case of serious illness or accident.   |            |           |
| <b>School Policies</b>   |            |           |
| I have read a copy of Tallanstown NS Code of Behaviour and agree that my child and I will abide by it.   |            |           |
| I agree to familiarise myself with all school policies, agree to abide by them and agree to discuss them at an appropriate level with my child.  |            |           |
| <b>Competitions</b>  |            |           |
| I give consent to allow my child to enter school competitions and for their name and date of birth to be shared with the organisers.   |            |           |

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|--|
| I/we wish to enroll my/our child in Tallanstown NS   |
| I/we have read a copy of Tallanstown NS Admission Policy   |
| I/We understand that it is a condition of admission that I/we accept the school's Code of Behaviour policy ratified by the B.O.M. of Tallanstown NS. |
| Signed: _____ Parent/Guardian Date: _____  |
| Signed: _____ Parent/Guardian Date: _____  |
| <b>Both Parents/Guardians to sign</b>  |

**Please email to [office@tallanstownns.ie](mailto:office@tallanstownns.ie) or leave a hardcopy into the school by 2<sup>nd</sup> December 2024 @ 3pm**