

GURRANE NATIONAL SCHOOL

APPLICATION FOR ENROLMENT.

Child's Full Name: _____

PPS No (Personal Public Service Number) _____

Irish Translation of child's name if known _____

Date of Birth _____ **Date of Entry** _____

Child's City of Birth _____ **Childs place in the household** _____

Names and classes of other family members in this school at present _____

Class Child will enter _____

Address _____

Home Phone Number _____ **Mobile Number** _____

Father's Name _____ **Father's Occupation** _____

Father's Email _____ **Phone Number at work** _____

Mother's Maiden Name _____ **Mother's Occupation** _____

Phone contact details _____ **Email contact details** _____

Did child attend playschool _____

Name of Principal / Organiser _____

**If transferred from another primary school/schools please state School Name
& Address and reason for transfer** _____

Policy & Procedure Re: Accidents / Pupils becoming ill

If it becomes necessary to send your child home in an emergency: e.g. Due to sickness, accident, school closure etc. every possible effort will be made to contact the pupil's parents or person delegated to take responsibility for the pupil.

When suggesting your alternative we would ask you to make certain that:

- 1) Person nominated is **aware** of this and is **willing** to act as an alternative.
- 2) Person nominated is within **easy reach** of the school.

Please use capital letters

Name of pupil _____

Pupil's home address _____

Pupil's home phone number _____

Name of Parent/Guardian _____

Home Telephone No: _____

Work Telephone No: _____

Mobile Phone No: _____

Any other contact Numbers _____

Please tick box if you **are not** appointing a Deputy ☐

Name of Deputy: _____

Address: _____

Phone number of Deputy: _____ Mobile Number _____

Name of family Doctor: _____

Address: _____

Phone number: _____

In the event of a medical emergency when parent / Guardian/Deputy are uncontactable, I grant permission to the Board of Management and /or teacher to call doctor and/or ambulance to carry out whatever medical procedures are deemed necessary

Signed (Parent or Guardian) _____

Education Welfare Act 2000.

Dear Parent,

Under the Education Welfare act 2000, schools are now required,
'to inform the Education Welfare Officer in writing where a student is absent in excess of 20 school days in the school year'.

Therefore, beginning in the school year of 2018 / 2019 we request your co-operation with the following:

- a) Be aware of this legislation.
- b) That a written excuse – stating name of pupil, date/s of absence, reason for absence, signature of parent/guardian, be forwarded to class teacher when the student returns to school having been absent.
- c) Parent / guardian sign a 'Cead amach' Book when a child is being removed from school during school hours.

Your co-operation in the above is very important and greatly appreciated.

Please sign below when you have read this and return form to school

Many thanks.

Signed: _____

PERMISSION SLIP FOR PHOTOGRAPHING YOUR CHILD

From time to time we (Teachers, SNA, secretary, persons appointed by B.O.M.) take pictures of your child during school and/or school related activities. We would like your permission to use these pictures on our website, in our newsletter, bulletin board, promotional brochure. We will never reference your child by name or provide any specific information regarding your child. We will never sell these pictures; we will use them exclusively for Gurrane N.S.

Please sign below your preferences regarding our use of photos of your child/children.

June 2013

☐ **YES.** I grant you permission to use photos of my child, on Gurrane N.S website, bulletin board, and/or newsletter, promotional brochure.

OR

☐ **NO.** Please do NOT take or use any photos of my child.

Child(ren)'s Name(s) **(PLEASE PRINT)**

Parent/ Guardian's Signature:

Date: _____

Stay Safe

The Stay Safe programme is a teaching package designed for Irish Primary schools. The aim of this programme is to teach children personal safety skills so they can look after themselves in situations, which could be upsetting or dangerous.

A major aim of this programme is to improve children's self-confidence. Children are taught to assert themselves when they are in trouble, to say "NO" and to tell. If they know that they can do something about a difficult situation, they will feel more confident and will therefore, be less vulnerable.

Parental Consent Form

☐ **I DO** want my children to take part in the STAY SAFE programme

☐ **I DO NOT** want my children to take part in the STAY SAFE programme.

NAME(S) OF CHILD(REN)

PARENT'S SIGNATURE _____

Relationship & Sexuality Education.(R.S.E.)

Dear Parent,

RSE is the promotion of a way of life that is caring, respectful and thoughtful, not only in regard to others but also in regard to oneself and the world we live in. We are sending you this information about the RSE programme so that you will know what your child will be learning in school. When you have studied it, please sign the consent form below.

Lessons for Junior & Senior Infant class.

The lessons for this class grouping will be taken out of the Senior Infants section of the Junior & Senior Book (Purple cover). They are:

Theme	Page
Look what I can do	99
These are my friends	107
This is my family	115
I can be safe	123
Other people have feelings too	129
Caring for New Life	137
My Body	147
I Grow And Change	157
Making Decisions	167

Parental Consent Form

- ☐ I **DO** want my children to take part in the RSE programme.
- ☐ I **DO NOT** want my children to take part in the RSE programme .

Child's name.....

PARENT SIGNATURE

Parents who have not viewed these lessons before are welcome to do so before they sign.
Please contact class teacher early in September to obtain the relevant books.

“Textaparent”

Gurrane National School use the service “Textaparent” to send certain school messages to Parents. Key messages will still go to parents in paper format but **“Textaparent”** will be used instead of reminder notes or for unpredictable events in the school.

Could you please sign the form below **with the mobile number you would like** the text message to be sent to. Please return this form with the other enclosed forms that you have to read and sign.

Thanking You

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“Textaparent”

Child's Name _____

Parent/Guardian

Signature: _____

Mobile

Number: _____