



Portlaoise College

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Principal:
 COLETTE DUNNING, M.Ed., H.Dip. Ed.
Deputy Principal:
 NOEL DALY, B. Tech. Ed., Dip. Man. Ed.

Part 1

STUDENT ENROLMENT FORM

1 Surname	2 Child's Forename/s
3 Male/Female	4 Nationality
5 Date of Birth	6 Birth Cert attached Y/N
7 No of children in family	8 Position of child in family
9 Home Address	Child's PPS No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Medical Card Holder Y / N
	Administration Fee €20 Paid Y/N
	Mother/Guardian Surname
Father/Guardian Surname	First Name
First Name	Mother's Maiden Name
	Relationship to Child
Relationship to Child	Home Tel No
Home Tel No	Work Tel No
Work Tel No	Mobile No
Mobile No	Email address
Email address	

Part 2

OTHER EMERGENCY NAME AND CONTACT NUMBER

Name _____ Tel No. _____

Relationship to Child _____

If there are any order or other arrangements in place governing access to, or custody of, the child, please provide details.

Please indicate name and address of person(s) to whom correspondence is to be sent regarding educational progress of the student if, different from above.

Does the student have any brothers or sisters in this school ? Yes ___ No ___

If yes please indicate names and the year they are currently in.

Name _____ Year _____

Name _____ Year _____

Name _____ Year _____

PREVIOUS SCHOOL DETAILS

(Note : We may contact the school in connection with your child's enrolment)

Name/Address of Primary School :

Name/Address of Post- Primary School attended / dates / Tel. No. (if relevant)

Part 3

EDUCATIONAL DETAILS

(Required for the assessment of individual educational needs)

Please note :

Irish is a compulsory subject for all students. Exemptions are only granted in exceptional cases.

Is the student currently studying Irish ? Yes ___ No ___

If you answered no, please provide proof of the necessary exemption as required.

Has the student had a psychological assessment ? Yes ___ No ___

Is the Psychological Report available? Yes ___ No ___

Has the student been granted Resource Teaching Hours and /or Special Needs

Assistance hours by the NCSE ? Yes ___ No ___

If you answered yes please give details

Category of Special Need _____

Has the student been in receipt of learning support? Yes ___ No ___

If the answer is yes, please give details

Part 4

MEDICAL DETAILS

(Required to ensure the school has an accurate record of medical conditions as well as your doctor's contact details in the even of a medical issue arising during school/VEC activities. Please note it may be necessary to disclose this information to staff)

Doctor's Name _____

Address _____

Name of practice (If relevant) _____

Tel. No. (Clinic) _____

Do you have a family medical card? Yes ____ **No** ____

Medical Card Number _____

Health Concerns for child: _____

Procedures to follow (for a particular illness).

Does the child require glasses ? Yes ____ **No** ____

Does the student have any learning difficulties? Yes ____ **No** ____

Any other medical concerns/information of relevance?

Part 5

STUDENT CONTRACT

Date: _____

Name: _____

As a student in Portlaoise College, I promise to abide by the Rules and Regulations of the school, in the interests of maintaining a positive learning environment.

I have read and I accept the School Code of Behaviour

Student's Signature: _____ **Date:** _____

PARENT CONTRACT AND CONSENT

In registering my above named child as a student in Portlaoise College, I understand that this implies a full acceptance of the rules of the school as laid down from time to time by the Board of Management.

I will provide copies of recent psychological or other professional educational assessments to the school.

As a partner in the education of my child, I recognise the need for me to do my utmost to support the work of the school.

By signing below, I am giving explicit consent for Portlaoise College to confirm, retain, use and disclose the information I have provided in accordance with the Laois V.E.C. Data Protection Policy (as summarised on the next page).

Parent/Guardian Signature (s): _____

Date: _____

Part 6

DATA PROTECTION

Personal Data on this Form

Co. Laois V.E.C is registered as a data Controller under the Data Protection Acts 1988 and 2003. The personal data supplied on this application form is required for the purposes of student enrolment, registration, administration, child welfare and to fulfil our other legal obligations. Contact details will also be used to notify you of school/VEC events of activities. While the information provided will generally be treated as confidential to Laois VEC, from time to time it may be necessary to exchange personal data on a confidential basis with other bodies including the Department of Education & Science, the Department of Social and Social Affairs, An Garda Siochana, the Health Service Executive, the National Educational Welfare Board or with another school (where the student is transferring). 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. Should you wish to update or access your/your child's personal data, you should write to the School Principal.

Photographs of Students

The school maintains a database of photographs of school events held over years. It has become customary to take photos of students engaged in activities and events in the interest of creating a pictorial as well as historical record of life at the school. Photographs may be published on our school website or in brochures, newsletters, local and national newspapers and similar school-related productions. In the case of website photographs, student names will not be recorded with the picture. If you would prefer not to have you child's photograph included in such records, please notify the school principal in writing at time of school commencement.

Do you consent to having your son's/daughter's photograph used for promotional activities? Yes/No

CHECK LIST:

- 1. Birth Certificate (Photocopy) Yes/No**
- 2. Administration Fee – Paid Yes/No**
- 3. 2 Passport Photographs : Yes/No**
- 4. P.P.S. No. : Yes/No**

Note: The information provided on this form is confidential and will be retained, used and disclosed by Portlaoise College and centrally by Co. Laois V.E.C. in line with the Data Protection Notice above.