



SCOIL AN SPIORAID NAOIMH CAILÍNÍ

Bishopstown, Cork.

SCHOOL ADDRESS: Scoil an Spioraid Naoimh Cailíní, Curraheen Road, Bishopstown, Cork.

EMAIL: admin@bishopstowngirlsschool.ie **TELEPHONE:** 021 4543305

WEBSITE: www.bishopstowngirlsschool.ie

Full Admission Policy available at www.bishopstowngirlsschool.ie

PART 1 FAMILY DETAILS:

NEW ENTRANTS 2026.2027

Pupil's Forename/s:	<input type="text"/>	Pupil's Surname:	<input type="text"/>
Birth Cert Forename:	<input type="text"/>	Birth Cert Surname:	<input type="text"/>
Pupil's Date of Birth (please attach copy of Birth Cert)	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
Country of Birth:	<input type="text"/>	Nationality:	<input type="text"/>
Home Address:	<input type="text"/> <input type="text"/> <input type="text"/>	If not born in Ireland when did the child	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
EIRCODE:	<input type="text"/>	Pupil's PPS:	<input type="text"/>
Is your daughter the child of a past pupil?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Mother's Maiden Name:	<input type="text"/>
Is your daughter the grandchild of a past pupil?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Mobile Number:	<input type="text"/>
Grandmother's Name:	<input type="text"/>	Home Tel. No:	<input type="text"/>
		If so, please provide the grandmothers name and date of birth:	
		Grandmother's D.O.B.	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Year of proposed entry to Scoil an Spioraid Naoimh

MOTHER'S GUARDIAN DETAILS

FORENAME:	<input type="text"/>
SURNAME:	<input type="text"/>
ADDRESS:	<input type="text"/> <input type="text"/> <input type="text"/>
TEL NO: (Mobile):	<input type="text"/>
TEL NO: (Work):	<input type="text"/>
EMAIL:	<input type="text"/>

FATHER'S GUARDIAN DETAILS

FORENAME:	<input type="text"/>
SURNAME:	<input type="text"/>
ADDRESS:	<input type="text"/> <input type="text"/> <input type="text"/>
TEL NO: (Mobile):	<input type="text"/>
TEL NO: (Work):	<input type="text"/>
EMAIL:	<input type="text"/>

ADDITIONAL EMERGENCY CONTACT DETAILS

Name: Tel: No:

Relationship to Child:

Name: Tel No:

Relationship to Child:

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

Child resides with: Both parents ☐ Father ☐ Mother ☐ Guardian (s) ☐ Relative / Carer ☐

Name/s and ages of other children living in the home

Does your daughter have any sisters in the school YES ☐ NO ☐

If YES, please indicate names and the class they are currently in :

Name: Class:

Name: Class:

Name: Class:

IF YOUR DAUGHTER IS CURRENTLY ENROLLED IN ANOTHER PRIMARY SCHOOL WITHIN THE STATE, PLEASE COMPLETE PART 2 (PRIMARY SCHOOL DETAILS & EDUCATIONAL DETAILS).

PART 2 PRIMARY SCHOOL DETAILS (Note: We may contact the school in connection with your child's enrolment)

Name of Primary School

Other Primary School attended and dates

(if relevant)

CONSENT

I / We give permission to contact my daughter's Primary school and to obtain copies of teachers' records, class notes, academic records, psychological reports and other records necessary for my child's educational welfare and for aiding her transition to post-primary. I hereby give the school my consent and do instruct and direct that my child's primary school to release these documents to Scoil an Spioraid Naoimh Cailíní.

Signed: (Parent / Guardian): Date:

Signed: (Parent / Guardian): Date:

PART 3 MEDICAL DETAILS (Required to ensure the school has your doctor's contact details in order to contact that doctor in the event of a medical issue arising during school activities. Please note it may be necessary to disclose this information to staff in certain circumstances)

MEDICAL CARD NUMBER:

NAME OF FAMILY DOCTOR:

TEL NO:

Does your daughter have any specific medical condition e.g., epilepsy, asthma, eyesight, fainting, etc. or emotional problems, which may affect your child at school?

Do you give permission for your daughter to be taken to a doctor/hospital in case of serious illness/accident YES ☐ NO ☐

PART 4 OTHER RELEVANT INFORMATION

PRE-SCHOOL ATTENDED

NAME OF PRESCHOOL / MONTESSORI / CRECHE ATTENDED:

NUMBER OF E.C.C.E. YEARS ATTENDED: One Year ☐ Two Years ☐

HOME LANGUAGE SURVEY

Which language did your daughter learn when she first began to talk?

What language does she most frequently use at home?

What language do you use most frequently to speak to your daughter?

Name of language most often spoken by adults at home:

PART 5 DATA PROTECTION

Personal Data on this Form:

Scoil an Spioraid Naoimh Cailíní is a data controller under the Data Protection Acts 1988 to 2003.

School Contacting You:

Please confirm if you are happy for us to contact you by SMS/text message and to call you on the telephone numbers provided and to correspond by email.

Tick **YES** if you are happy for the school to:

☐

Use your email address to alert you to these issues?

☐

Use your mobile phone number to send you SMS texts to alert you to these issues?

☐

Use your mobile phone / landline number to call to alert you to these issues?

Please note: Scoil an Spioraid Naoimh Cailíní reserves the right to contact you in the case of an emergency relating to your daughter, regardless of whether you have given consent.

While the information provided will generally be treated as private to Scoil an Spioraid Naoimh Cailíní, and will be collected and used in compliance with the Data Protection Acts 1988 and 2003, from time to time it may be necessary for us to transfer your personal data to other bodies (including the Department of Education & Skills, the Department of Social Protection, An Garda Síochána, the Health Service Executive, Tusla (CFA) social workers or medical practitioners, the National Educational Welfare Board, the National Council for Special Education Needs Organiser, the National Educational Psychological Service or (where the student is transferring) to another school). We rely on parents/guardians and students 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 you/your child's personal data you should email the school Principal.

Photography and Digital Images of Students:

It has become customary to take photographs 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/digital images may be published on our school website, school app or in brochures, yearbooks, newsletters, local and national newspapers and similar school-related productions. In the case of website/ app photographs / digital images, student names may appear on the website or app as a caption to the picture. If you wish to have your daughter's photograph/digital image removed from the school website, app, brochure, yearbooks, newsletters etc., at any time, you should write to the school Principal.

Consent (tick one only):

1. If you are happy to have your child's photograph/digital image taken as part of school activities and included in all such records tick here ☐
2. If you would prefer not to have your child's photography/digital image taken and included in such records, please tick here: ☐

Signed:

PARENT / GUARDIAN

Date:

Signed:

PARENT / GUARDIAN

Date:

PART 6 OTHER CONSENTS

I hereby give permission for my child in relation to the following:

Going on school tours, local education visits/field trips and participating in school activities (e.g. matches, quizzes, choirs, etc.)

YES ☐ NO ☐

On occasions and school events (sports day, fun-day) local press photographers take group photos of children and in some instances identify the children by name. Do you agree to the school using your child's image in this way?

YES ☐ NO ☐

The school teacher “Stay Safe” lessons on personal safety and RSE lessons on developing and changing. Both are recommended and vetted by the Department of Education and Skills. You will be informed in advance if the lessons contain sensitive language. Further information is available from the school. Can your child participate in these lessons?

YES ☐ NO ☐

On occasion we administer “Diagnostic” tests to discover the educational progress of pupils. Should any concerns arise following these tests we will contact you. Do you agree to this?

YES ☐ NO ☐

Parent/Guardian (Contract and Consent)

In registering my above named daughter as a student in Scoil an Spioraíd Naóimh, Caillíní, 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 and in the Code of Behaviour. I will provide copies of Psychological or other professional educational assessments to the school, where applicable. As a partner in the education of my daughter, I recognise the need for me to do my utmost to support the work of the school.

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Personal data returned by schools to the Department of Education and Skills, as part of their October Returns and which the Department of Education and Skills shares with the Department of Social Protection, is returned to solely assist the Department of Education and Skills, policy, planning and satisfaction functions.

Personal Data Transferred to Department of Social Protection:

DATA COLLECTED ON EACH STUDENT	PURPOSE
Personal Public Sector Number— PPSN collected for first time in 2001/2002	Unique Identifier for each student
Student Name	Used to validate PPSN and also to identify students who have Irish exemptions
Student Home Address	As Above
Date of Birth	As Above
Mother's Maiden Name	PPSN validation. This is removed from the Department's records when confirmation of valid PPSN is received

APPLICATION CHECKLIST (please tick as appropriate)

YES

NO



YES

NO

1

YES

NO

1

Scoil an Spioraid Naoimh, Cailíní

School Rules

I HAVE READ THE SCHOOL RULES AND I WILL SUPPORT THE WORK OF THE STAFF:

1. Children are required to attend school regularly and be punctual.
2. When a child has been absent from school for any reason, parents should inform the school.
- 3 Full school uniform or school tracksuit must be worn at all times.
4. Hair must be tied up or plaited at all times.
5. Make-up and fake tan are not permitted.
6. Simple earrings may be worn.
7. Necklaces, rings, or bracelets may not be worn.
8. Listen carefully and follow instructions from staff.
9. Try your best in all activities and take pride in your work.
10. Ask for help if you are upset, unsure, or need support.
11. Bullying behaviour of any sort is unacceptable.
12. Take care of your own belongings, school equipment, classrooms and shared spaces.
13. All areas must be kept tidy.
14. Mobile phones or any kind of electronic communication device may not be used in school or on school grounds.
15. Children are not permitted to leave the school for any reason during school hours unless accompanied by a parent.
16. Homework is to be done carefully each night. If homework cannot be done, parent/guardian should write a note of explanation in the Homework Journal. We request parents to sign the homework each night.

SIGNED: Parent / Guardian:

DATE:

SIGNED: Parent / Guardian:

DATE:

Disclaimer: We gather and process your child's personal data for the purposes of administering the education of your child. To facilitate this, we will input your child's data into the School's Management Information Systems: POD and Aladdin, from where the data is only processed for the above purpose. POD is a Primary Online Database run by the Department of Education and Skills. Aladdin Schools manage our school App.