Jesus & Mary Secondary School,
Enniscrone, Co. Sligo.
Phone/Fax: (096)36496

Year group entering
(1st, 2nd etc.) _____

Admission Form

Please fill in **all parts** of this form and return to the above school. It is essential that this form is read thoroughly and signed correctly. The information requested on this application form is required in order to process you application for admission to this school. This information will be treated confidentially and processed in line with the schools Admission Policy which is available for you to view on www.jmsschoolenniscrone.ie. **Prompt return of this form is recommended as failure to return this form may result in your child not having a place.**

Student Details:

Surname: _____ **First Name:** _____
(name normally known by)

Christian Names: _____ **PPS Number:** _____
(as on Birth Certificate) **(Students PPSN must be given)**

Date of birth: _____ **Male/Female:** _____

Country of Origin: _____ **Present school:** _____

Full postal address: _____ **Emergency contact number:** _____

_____ **Birth Certificate presented:** Yes ☐ No ☐

_____ **Religion:** _____

Post Code: _____ **Medical Card:** Yes ☐ No ☐

Number of children in family: _____ **Place in family:** _____

Names of siblings; present/former students of this school: _____

Has your child been in receipt of:
Learning Support: Yes ☐ No ☐ **Resource Teaching** Yes ☐ No ☐

Psychological Report: Yes ☐ No ☐ **Name of Psychologist:** _____

Exemption granted in (subject): _____ **Date granted:** _____
Copy of exemption must be supplied

Any health issues: _____

Doctors name: _____ **Permission to attend doctor:** Yes ☐ No ☐

Any other relevant information:

I agree to abide by all school regulations: **Signature of student:** _____

Signatures of both parents/guardians: _____ _____

Father's Details:

Father's Name: _____

Occupation: _____

Address (if different from above)

_____

_____

Mobile number: _____

Land line: _____

Email Address: _____

Mother's Details:

Mother's Name: _____

Occupation: _____

Address (if different from above)

_____

_____

Mobile number: _____

Land line: _____

Email Address: _____

Maiden name: _____

This form has two sides – Please ensure that you complete both sides.

Consent Form

Please read the consent form thoroughly and sign where requested.

CONSENT FOR SENSITIVE PERSONAL DATA FOR THE SCHOOL'S OCTOBER RETURNS TO THE DEPARTMENT OF EDUCATION AND YOUTH

Certain sensitive personal data which the Department asks post-primary schools to furnish via the October Returns process requires your written consent for your child's school to record this information and for the school to forward this information to the Department.

Please note that the reference to you in this consent form means a parent or a guardian of a student, or a student aged 18 years and over who is attending a recognized post-primary school.

What is the ethnicity and cultural background of your child? *Please tick as appropriate.*

- ☐ White Irish
- ☐ Irish Traveller
- ☐ Roma
- ☐ Any other white background
- ☐ Black or Black Irish – African
- ☐ Black or Black Irish – any other black background
- ☐ Asian or Asian Irish–Chinese
- ☐ Asian or Asian Irish – any other Asian background
- ☐ Other (mixed background)
- ☐ No Consent

INTERNET PERMISSION ***{Please sign this permission slip}***

Name of Pupil: _____

(1) As the parent/ legal guardian of the above child, I grant permission for my child to access the Internet, student email or google classroom. I understand that school Internet usage is for educational purposes only and that every reasonable precaution will be taken by the school to provide for on line safety. {Please sign below}

(2) As part of the school's digital strategy we have Google Apps for education for both teachers and students. This will give your child access to a school email address as well as access to various Google educational apps. As part of GDPR data protection rules the school requires parental consent before children under 16 can be given a school email address. {Please sign below}

SCHOOL WEBSITE/MEDIA

(3) In relation to the school website/newspapers, I agree that, if the school considers it appropriate my child's schoolwork/achievements may be chosen for inclusion in media and on the school's website.

SHARING INFORMATION WITH THE DEPARTMENT OF EDUCATION AND SCIENCE

(4) I understand that the school must share information with the Department of Education and Youth regarding pupils data and performance. {Please sign below}

Signature of both parents/guardians: _____ _____

Parent/Legal Guardian ***Parent/Legal Guardian***

Date: _____

If you have any queries or require any assistance with this form please contact the Principal on the telephone number at the top of this enrolment form during school hours or on the school email at officejmsschoolenniscrone.ie