

Please attach
2 Passport Photos
here

Checklist:

- Completed Form
- PPS Number
- Copy of Birth Certificate
- Evidence of Residential Address (Original Utility Bill)

PLEASE RETURN TO:
Limerick ETSS,
Fernbank,
North Circular Road,
Limerick
V94W252

E: OFFICE@LIMERICKETSS.IE



Getting started in Limerick ETSS!

Year: 2019/2020

(Block Capitals please)

Student's Name: _____

Address: _____

Eircode: _____

Current Primary School:

Text a Parent/Carer Mobile Number*:

Email a Parent/Carer Email Address*:

(*One mobile number and one email only please for correspondence unless circumstances require us to have two of each)

(1) Student Details

Student's Surname: _____

Student's First Name: _____

Male Female Date of Birth: ____ / ____ / ____

PPS Number: _____

Medical Card Number (if applicable): _____

Nationality: _____

Mother Tongue: English Irish Other _____

Address:

Educational Background

Primary School Attending*: _____ Roll Number: _____

Years Attended: _____ to _____

Other Primary Schools Attended (if any):

Second Primary School (if any): _____ Roll Number: _____

Third Primary School (if any): _____ Roll Number: _____

*(*We may contact the Primary School(s) in connection with your child's enrolment)*

(2) Family Details

No. of Children in Family: _____ Position in Family: _____

Name(s) of brothers/sisters attending Limerick ETSS:

(3) Parent/Carer Details

Parent/Carer Name: _____

Birth Surname (if different to above): _____

Home Number: _____ Mobile Number: _____

Email Address: _____

Relationship to Student: _____

Parent/Carer Name: _____

Birth Surname (if different to above): _____

Home Number: _____ Mobile Number: _____

Email Address: _____

Relationship to Student: _____

(4) Emergency Contact (if parent(s)/Carer(s) is/are unavailable)

Contact Name: _____

Phone Number: _____

Relationship to Student: _____

Name of Doctor and Practice:

Phone Number: _____

(5) Reports on Educational Progress

Please indicate the name and address of the person to whom correspondence is to be sent regarding educational progress/attainment of the student, if different from details outlined in Section (3) above.

Name: _____

Address: _____

(6) Access to/Custody of Student

Are there any orders or other arrangements in place governing access to or custody of the student? (Please tick the relevant box)

Yes No

If the answer is 'Yes' please provide details as appropriate:

(7) Medical Details

(This information is required to ensure the school has an accurate record of medical conditions including your Doctor's contact details in the event of a medical issue arising during school activities. Please note that in order to best support your child it may be necessary to disclose this information to staff)

Name of Doctor and Practice:

Phone Number: _____

Please tick the relevant box...

Does the student require glasses? Yes No

Does the student have any hearing difficulties? Yes No

Does the student have any of the chronic conditions listed:

- Asthma
- Diabetes
- Epilepsy
- Anaphylaxis
- Narcolepsy
- Other (Please specify)

Please advise of procedures to follow for a particular illness:

Any other medical concerns or information of relevance?

(8) Educational Details

Study of Irish

Irish is a compulsory subject for all students. Exemptions from the study of Irish are only granted in exceptional cases. Is the student currently studying Irish? *(Please tick the relevant box)*

Yes No

If the answer to the question above is 'No' please indicate the reason by ticking a, b or c below:

Option	Reason	Please tick ✓
(a)	The student lived outside of Ireland until 11 years of age	
(b)	The student is re-enrolling in a state school having spent at least three years abroad and is at least 11 years of age	
(c)	The student has a psychological report recommending exemption from the study of Irish. The assessment has been carried out within the last three years. (In this case the school will require a copy of this report)	

Access to Resource/Learning Support Hours

Please tick the relevant box.

a) Has the student had a psychological assessment?

Yes No

b) If the answer to (a) above is 'Yes' is the psychological report available?

Yes No

c) Has the student been granted resource teaching hours by the National Council for Special Education (NCSE)?

Yes No

d) Has the student had the services of a Special Needs Assistant (SNA) granted by the NCSE?

Yes No

e) Does the student have an Irish Exemption? Yes No

f) Has the student received English Language Support? Yes No

g) Has the student had learning support at Primary School?

Yes No

If the answer is 'Yes' please provide details:

Important Information

Please accompany this **form only with**:

- two passport sized photos of the student
- a copy of the student's birth certificate
- evidence of parent's/Carer's residence, i.e. phone/gas/electricity bill in the name of the parent(s)/Carer(s)

Other documentation and information that may be required by the school will be sought at a later stage.

It is the responsibility of parents/Carers to inform Limerick Educate Together Secondary School of any **changes of address**, contact details or other relevant information that may occur after submission of this form.

For admission to the school in September 2018, students must have reached the age of 12 years by January 1st 2019.

Declaration and Signature(s):

I hereby declare that the information provided in this form is correct. I understand that the information supplied will be used for bona fide school business.

I hereby authorise Limerick ETSS to contact and request the relevant school(s) to release any reports and relevant documentation, Physco-Educational Reports and Individual Educational Plan(s) (IEP) / Personal Learning Plan(s) (PLP) held as well as to liaise with the professional services detailed in such reports in respect of my child.

Signature(s) of Parent(s)/Carer(s):

_____ Date: _____

_____ Date: _____

Please keep a copy of all documentation you send to the school for your own records.



Data Protection - Personal Data on this Form

The personal data supplied on this form is required for the purposes of student enrolment, registration, administration, child welfare and to fulfill our other legal obligations.

Contact details will also be used to notify you of school events or activities. While the information provided will generally be treated as confidential to Educate Together, from time to time it may be necessary for us to exchange personal data on a confidential basis with other bodies including the Department of Education and Skills, the Department of Social Protection, Department of Children and Youth Affairs, An Garda Síochána, the Health Service Executive, the National Educational Welfare Board or with another school (where the student is transferring). In this latter case your implied consent will be assumed to facilitate the student transferring.

We rely on parents/Carers 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 and Recorded Images of Students

The school will maintain a database of photographs and recorded images of school events held over years. It is customary to take photos and recorded images of students engaged in activities and events in the interest of creating a pictorial as well as a historical record of life at the school. Photographs and recorded images may be published on our school website, school social media account(s) or in brochures, newsletters, local and national newspapers, and similar school-related productions. Photographs and recorded images may also be used for teaching, learning and assessment purposes.

I agree that my child's photograph may be used for the purposes outlined above: Yes No
I agree that my child's photograph may be taken for school administration: Yes No

Name of Parent/Carer: _____

Signature of Parent/Carer: _____

Date: _____

The DES has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Post Primary Online Database. Ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each student's parent/Carer to identify their child's ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. All other information held on PPOD was deemed by the Data Protection Commissioner as non-sensitive personal data.

To which ethnic or cultural background group does your child belong?

Please tick one category (these categories used are based on the Census). You may opt not to provide an answer.

- | | |
|---|--|
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Black or Black Irish – any other black background |
| <input type="checkbox"/> Irish Traveller | <input type="checkbox"/> Asian or Asian Irish - Chinese |
| <input type="checkbox"/> Roma | <input type="checkbox"/> Asian or Asian Irish – Any other Asian background |
| <input type="checkbox"/> Any other white background | <input type="checkbox"/> Other including mixed background |
| <input type="checkbox"/> Black or Black Irish – African | <input type="checkbox"/> No consent |

I consent for this information to be stored on the Post Primary Online Database (PPOD) and transferred to the Department of Education and Skills and any other Post Primary schools my child may transfer to during the course of their time in secondary school.

Name of Parent/Carer: _____

Signature of Parent/Carer: _____

Date: _____

Event and Trips Permission Form

Over the time of their educational journey with Limerick ETSS, your child will have the opportunity to attend and participate in events in school such as:

- Workshops from guest speakers, theatre groups and educational programmes
- Trips out of school designed to enhance learning, inform around educational opportunities, employment possibilities, team building, self-care, health and wellbeing
- Participate in sporting activities, representing the school.

(This list is not exhaustive)

You will receive a text message / application notification / email to inform you of the details of the activity and requirements for the students.

There may be some early starts and late returns to facilitate attending different events. There may also be requirements for a packed lunch, specific clothing, etc.

At all times, the students will be required to follow the agreed arrangements for the trip/event and the Code of Behaviour will apply.

If you would like to find out more please do not hesitate to contact the school. Please complete the Consent Form below.

Consent Form

I, the parent/Carer of _____ give consent to my son/daughter to take part in the activities outlined above while (s)he is a student in the school.

Name of Parent/Carer: _____

Signature: _____ Date: _____



Administration of Assessment Instruments to Students

Dear Parent/Carer,

During your child's education in Limerick ETSS, (s)he will have the opportunity to engage in a wide range of assessment activity as part of normal teaching and learning. Other specialist tests may also be administered to support your child's educational development and learning as well as his/her career development. Such tests may include achievement, ability, diagnostic and interest tests.

The results of all such tests will be shared with parents and students as appropriate. There may also be occasion to administer tests on an individual basis to your child to support his/her learning, progress and achievement. Such tests will only be administered following consultation with parents.

I enclose a Frequently Asked Questions (FAQ) information sheet that may address any additional questions you may have in relation to the above.

If you would like to find out more please do not hesitate to contact the school. Please complete the Consent Form below.

Consent Form

I, the parent/Carer of _____ give consent for assessment instruments to be administered to my son/daughter while (s)he is a student in the school.

Name of Parent/Carer: _____

Signature: _____ Date: _____

FAQ Information Sheet for Parents/Carers re: Administration of Assessment Instruments to Students

Who will be involved in the administration of assessment instruments?

Administration of assessment instruments will be undertaken by appropriately qualified school staff only, which in some instances will involve subject teachers, the school guidance counsellor and/or the learning support teacher (depending on the nature of the test).

How will the information be protected?

The school will ensure that the information, in line with data protection requirements, is kept secure with access confined to designated school staff. In the case of electronic information this will be kept secure through password protection. Only designated school staff will have access to this password.

Who will be able to access the information and results?

In order to ensure that your son/daughter receives an education that best supports his/her development, the information and results may be shared with your son/daughter's teachers in accordance with established test practice. This is to ensure that teaching approaches can be adapted to accommodate the different learning needs and styles of students. In addition, the guidance counsellor and the learning support teacher will have access to the information.

How long with the school retain the information?

The school will retain the information until seven years after your son/daughter has left school. This is in line with data protection requirements.

Will we be informed of the results?

All parents/Carers will be informed of the test scores achieved by their sons/daughters. The information will be presented in accordance with established test practice and in a format that is easily understood. Students will also receive feedback on how they did. This will be through a meeting with either the guidance counsellor/learning support teacher or the subject teacher who administered the test.