



Medical Emergency Consent Form

- In the event of my son needing medical attention while attending St. Joseph's Primary during school hours or while involved in after school activities, I give permission to school staff to bring my son to hospital.
- I also agree that the information detailing my son's medical history be given to the hospital authorities.
- I also give permission to the hospital concerned to give my son whatever treatment they deem necessary.

Signed: Date

Signed: Date

Emergency Medical Information

Pupils Name:	<input type="text"/>
Medical History: (Allergies etc.)	<input type="text"/>
Name of Doctor:	<input type="text"/>
Doctor's Address:	<input type="text"/>
Doctor's Contact No.:	<input type="text"/>

Please tick to indicate you have included the following documents with the application:

Release of Information Form Department of Education POD Form
 Lunch Menu Form 1 passport size photo
 (with child's name/PPSN on the back)



General Information

Pupil's Name

Date of Birth PPS Number

Address

Eircode Date Started

Previous School(s)

Class

Nationality Religion

Mother's Maiden Name

Family Background

Parent / Guardian 1 <input type="text"/>	Parent / Guardian 2 <input type="text"/>
Phone Number <input type="text"/>	Phone Number <input type="text"/>
Occupation <input type="text"/>	Occupation <input type="text"/>
Email Address <input type="text"/>	Email Address <input type="text"/>
Emergency Contact Name 1 <input type="text"/>	Emergency Contact Name 2 <input type="text"/>
Relationship to Pupil <input type="text"/>	Relationship to Pupil <input type="text"/>
Phone No. <input type="text"/>	Phone No. <input type="text"/>
Mobile number for text messages from school <input type="text"/>	

- Parents must provide a copy of their son's Birth and/or Baptismal Certificate
- Any assessments/reports need to be provided. • Completion of this form does not guarantee a place in the school.

Signed: Date

Signed: Date



School Policies and Procedures

In enrolling my son in St. Joseph's Primary School I agree to the following requirements set out by the school:

- I understand that St. Joseph's Primary promotes a Catholic Ethos and Religious Education will be delivered accordingly.
- I understand that St. Joseph's Primary has adopted the latest (2017) Child Protection Procedures as school policy.
- As a parent, I will follow all Child Protection Prevention measures taken by the school.
- I understand that as part of Child Protection Procedures my son will take part in the instruction of Stay Safe and Relationship and Sexuality Programmes.
- I give permission to the school to forward/receive relevant information regarding my son to the appropriate schools and agencies.
- I give permission for my son to attend Learning/Resource/Support classes if such support is available and approved by the school.
- I give permission for my son to be part of visits/ trips/ outings arranged and supervised by the school.
- I would like my son to participate in sports/musicals and other similar extra- curricular activities in the school and at other locations sanctioned by the school.
- I understand that pupils are not permitted to use personal mobile phones or computers on school property.
- I understand that my son is only permitted to access the internet or other online resources under the supervision of school staff.
- I give permission to the school to carry out yearly Screening Tests on my son.

Signed: Date
Signed: Date



School Policies and Procedures

I.T. Usage

- I give permission for photographs and/or video clips of my son to appear on the school website / Social Media/ WhatsApp Broadcast
- I also give permission for photographs of my son to appear on school posters and publications.

Signed Date
Signed Date

Code of Behaviour Contract

- I agree that the code of behaviour is acceptable and I will support the school in upholding the standards as set out under this code
- The code of behaviour is available on our website: www.stjosephscbs.ie
If you would like a hard copy, please contact the school office

Signed Date
Signed Date

Religious Ceremonies

- I give permission for my son to travel to events and ceremonies in the local church.

Signed Date
Signed Date