**Peterswell National School**



**Appendices**

All completed forms to be

returned to the School

at your earliest convenience.

***ST. THOMAS’ NATIONAL SCHOOL ENROLMENT FORM***

**Peterswell, Co. Galway. Phone: 085 8747269**

*Email: peterswellschool1944@gmail.com*

*Website : peterswellschool.com*

*Blog: stthomaspeterswell.blogspot.com*

**Applicant Details:**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Irish Version of Full Name (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eircode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**P.P.S.N.: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place in Family: \_\_\_\_\_\_\_\_\_**

**No. of children in Family: \_\_\_\_\_\_**

**If Roman Catholic, please send in Baptismal Cert with Enrolment Form.**

**Parents/Guardians**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_**

**Phone (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please nominate a mobile no. and an-email address for receiving correspondence from school:**

**Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Educational History**

**Previous schools attended: (including playschool etc.)**

**Is school report included? Yes/No**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **School** | **Address** | **Classes** | **Reason for Leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Special Needs:**

**Has your child been assessed by**

**Educational Psychologist Yes /No Speech Therapist Yes/No**

**Occupational Therapist Yes/No Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any special education needs? Yes /No**

**Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Medical

**Does your child suffer from any illness that the school should be aware of? Yes/No**

**Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child suffer from any allergy that the school should be aware of? Yes/No**

**Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your child taking any medication that the school should be aware of? Yes/No**

**Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**­­­­­­­­­­­**

**Emergency Contact Numbers:**

In the event of an accident/emergency occurring and the school being unable to contact any of the numbers above or overleaf, it is the policy of the school to seek **medical attention** for the injured party.

|  |  |  |
| --- | --- | --- |
| **Doctor’s Name** | **Address** | **Phone No** |
|  |  |  |

**Please list at least two emergency contact names / numbers (other than those overleaf) whom the school can contact in the event of an emergency.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Phone No** |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **Childminder (if appropriate)** | **Address** | **Phone No** |

***H.S.E. Consent:***

***I//we consent I/we do not consent to details of our children been given to the H.S.E. re immunization, hearing, sight etc…***

***Signature of Parent(s)***

***Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_***

***Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_***

***Legal Guardian(s)\_***

***Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_***

Dear Parent/Guardian,

In St. Thomas’ National School we have written policies, some of which we need to share with you. These policies listed below will be e-mailed to you.

Kindly read, tick each box and sign.

Sláinte agus beatha,

Michael Mulkerrins

Príomhoide

  ---------------------------------------------------------------------------------

Child Safeguarding Risk Assessment (Pg5)

Annual Admission Policy (Pg.35)

Remote Learning (Pg.48)

Code of Behaviour (Pg. 58)

Anti-Bullying Policy (Pg. 72)

Attendance Policy (Pg.86)

Relationships and Sexuality Education Policy (Pg. 91)

Parental Complaints Procedure (Pg.99)

Healthy Eating Policy Information (Pg104)

Whistleblowers Policy

Signed: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 1**

**Peterswell National School**

***Code of Behaviour***

Please detach and return to your son /daughter’s Class Teacher

I/We as parents/guardians of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declare that I/we have read these rules and accept them as binding for my son(s)/daughter(s) for the duration of his/her attendance at St Thomas NS, Peterswell.

Signed: 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian's signatures)

**Appendix 2**

**Peterswell National School**

**CERTIFICATE OF INDEMNIFICATION**

**(Not relevant to children using on site After School Facility)**

INFANT CLASS **PUPILS** who remain on the premises after the

completion of their formal schooling.

SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I request that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

be permitted to remain on the school premises after completion of his/her school day for a period from to p.m. (specify time), whilst awaiting collection or for any reason whatsoever.

I certify that in the event of his/her meeting with an accident while remaining on the school premises, I fully indemnify and exonerate from any blame or liability the members of the school staff.

Further, I certify that this Certificate of Indemnification continues to be valid until withdrawn, in writing, by me.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 3**

**Peterswell National School**

Dear Parents/Guardians,

**Re: Activities during the school year.**

During the course of the school year, all classes undertake a variety of different activities outside the school premises. These include, for example, Hurling/Camogie/Football after school, Hurling/Camogie/Football matches, Basketball, Athletics, School tours, History / Educational tours, Coole Park, Pantomime, Swimming, Library visits, etc.) and any other activities that arise. When we take the children on these outings, we increase the level of supervision to meet the needs of the particular activity.

We are asking you to sign a consent form for all the different activities, which arise during the school year.

It has been brought to my attention that there are a number of new parents to the school who are not familiar with these out-of-school activities. Should any parent have any questions about this, or any other matter, please feel free to contact me at 085 8747269.

If you do not wish your child to take part in any particular activity, please send in a letter with your child to his/her teacher stating so. This can then be filed along with the annual consent form.

Please fill in the Annual Consent Form below and return to your child’s teacher as soon as

possible.

Sláinte agus beatha,

Michael Mulkerrins

Príomhoide

 ------------------------------------------------------------------------------------------

***Consent Form 2022-2023 for the duration of your schooling.***

**I** ………………………………………..…… **consent to allow my child(ren)**

**(Parent / Guardian – full name please)**

.……………………………………………………………………………………………………………………………

Please name all your children at the school)

……………………………………………………………………………………**to take part in all of the activities / tours / sport that will arise throughout their school years.**

**Appendix 4**

**Peterswell National School**

**Dear Parent,**

***Re: Group work with Support Staff.***

**Our school has many and varied activities on offer, involving all teachers and Support staff.**

**We encourage children to avail of all opportunities to participate.**

**From time to time children may work with the support staff in small groups.**

**Please sign below.**

**Yours faithfully,**

**Michael Mulkerrins**

**Príomhoide**

**- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -**

**I agree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I do not agree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix 5**

**Peterswell National School**

**Internet Permission Form**

Name of Pupil(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the parent or legal guardian of the above child, I have read the Internet Acceptable Use Policy and grant permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name(s): son/daughter) to access the Internet. 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 online safety.

I accept my own responsibility for the education of my child(ren) on issues of Internet Responsibility and Safety.

I understand that having adhered to all the enclosed precautions the school cannot be held responsible if my child tries to access unsuitable material.

**Signature**: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents/Legal Guardians**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Website/Blog**

I understand that, if the school considers it appropriate, my child’s schoolwork may be chosen for inclusion on the school’s website. I understand and accept the terms of the Acceptable Usage Policy in relation to publishing pupils’ work and photographs of school activities on the website.

**Signature**: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Legal Guardians

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 6**

**Peterswell National School**

**Permission for Student Work & Photographs to Appear on the Internet**

As part of the infusion of technology into the curriculum, the teachers and children of St. Thomas’ N.S. have created its own website and blog.

Throughout the school year, students will have opportunities to publish their work on the web site for the entire world to see.

# **Please check all boxes that apply, sign, date, and return to the school as soon as possible.**

# **If the form is not received, it will be understood that you are giving permission to display your child’s work and photographs.**

**** I give permission for samples of my child's **work** (poetry, short stories, book reviews, drawings, multimedia presentations, etc.) to appear on the Internet.

**** Samples of my child's work should **NOT** appear on the Internet.

**** I give permission for **photographs** of my child to appear on the Internet.

(No names will appear with the photographs)

**** Photographs of my child should **NOT** appear on the Internet.

Student's Name (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 7**

**CHILD ABUSE PREVENTION PROGRAMME**

**STAY SAFE/RSE PROGRAMME**

***Parental Consent Form***

Yes I do want my child/children to take part in the above.

No I do not want my child/children to take part in the above.

Name(s) of children:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 8**

**DIAGNOSTIC/EDUCATIONAL TESTS.**

During your child’s time in St. Thomas’ National School, he/she will undergo various Diagnostic/Educational Tests.

**PERMISSION SLIP.**

Should my child require educational/diagnostic testing during his/her time in St. Thomas’ N.S. I give permission for these tests to be carried out.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 9**

**APPENDIX TO ENROLMENT POLICY**

St. Thomas’ is a Catholic school whose school plan is underpinned by its Catholic ethos. Our aim is to provide a safe, happy learning environment where children’s emotional, psychological, physical and moral development is catered for in addition to their academic progress. The school promotes and expects from its pupils, a tolerance of different religious beliefs, and of those with no religious beliefs.

**(1) I wish my child to be instructed in the Catholic Faith:**

We/I understand that St. Thomas’ is a Catholic School and wish our/my child to be taught the Catholic faith;

  Yes No

 If Yes, please sign here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You need continue **no further**)

**(2) Respect for the beliefs of other:**

I. We/I understand that there is no compulsion on our/my child to take part in the Religious Education classes in school

II. We/I understand that, given the lack of supervisional resources in a school the size of St. Thomas’, it will not be possible for our/my child to be outside the classroom during these lessons.

III. While we/I do not wish our/my child to be taught the Catholic faith, we/I respect the rights of other children to do so and we/I will ensure that our/my children do or say nothing that would undermine or compromise this basic right to religious expression.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parents/Guardians\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(3) Permission to remove child from school during R.E. time:**

We/I understand that we/I have the right if we/I wish to take our/my child(ren) out of the school at 12:00pm each day, returning him/her/them at 12:30pm for the resumption of classes. If child is not collected by appropriate adult for any reason, the child will remain in the classroom.

**NOTE: If availing of this option, the child/children must be brought away from the school to avoid distraction to the other pupils.**

We/I wish to exercise this right.

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parents/Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***ALL PARENTS/GUARDIANS ARE REQUIRED TO SIGN THE***

***APPROPRIATE PART OF THIS FORM***

**Appendix 10**

**St. Thomas’ NS**

**CHILD PROFILE**

(for school records only)

**PERSONAL:**

What are your child’s interests?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who are your child’s special friends?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does your child get on with brothers/sisters?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child see Grandparents?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has there been any major trauma in your child’s life?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe your child’s temperament?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With whom is your child very closely attached?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 11**

**Consent Form for Sensitive Personal Data to be stored on the Primary Online Database (POD) and shared with the Department of Education and Skills**

There are three categories of pupil data which will be shared by schools with the Department of Education and Skills.

**Category 1** information covers data that is required to validate the pupil’s identity. This information will be transferred to the PPSN validation service of the Department of Expenditure and Reform or the Department of Social Protection for validation purposes only. Category 1 information also covers pupil level data, which is necessary for policy and planning purposes within the Department of Education and Skills. A full listing of the variables collected, along with the purpose for each piece of information, can be found in Appendix A of the Fair Processing Notice for the Primary Online Database, available at www.education.ie

**Category 2** covers sensitive personal data which the Department asks primary schools to furnish, and which requires your written consent for your child’s school to record this information and for the school to forward this information to the Department for purposes as outlined in circular 001/2014 a copy which is available at www.education.ie or on request from your child’s school. Your consent is also required for this information to be forwarded to any other primary school your child may transfer to during their time in primary school.

**Category 3** data is information, which is required at school level only and will not be accessible to the Department of Education and Skills. This data will be kept on your child’s POD record for the duration of their primary schooling and for two years afterwards.

Please note that the reference to “you” in this consent form means a parent or a guardian of a pupil, or a pupil aged 18 years and over who is attending a recognised primary school.