

# Beaufort College Student Enrolment Form Academic Year 2018/2019

*For Students Commencing 1<sup>st</sup> Year in  
August/September 2018*

**Beaufort College**  
Trim Road, Navan, Co. Meath  
Eircode: C15 PY53  
T: 0469028915/0469029550  
F: 0469029589  
E: [beaufortcollege@lmetb.ie](mailto:beaufortcollege@lmetb.ie)  
W: [www.beaufortcollege.ie](http://www.beaufortcollege.ie)

The information provided on this form is confidential and will be retained, used and disclosed by Beaufort College and centrally by Louth and Meath ETB in line with the Data Protection Notice in Part 10 of this application form.

**PLEASE USE BLOCK LETTERS WHEN COMPLETING THIS FORM**

**I. PERSONAL DETAILS** (REQUIRED FOR SCHOOL ENROLMENT)

<b>Student Surname</b>	
<b>Student First Name</b>	
<b>Home Address</b>	
<b>County</b>	
<b>Date of Birth</b>	<i>(Please enter DOB in format xx/xx/xxxx)</i>
<b>Country of Birth</b>	
<b>Nationality</b>	
<b>Birth Cert Attached</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please tick <math>\surd</math> appropriate box)</i>
<b>Birth Certificate Forename</b> <i>(if different to above)</i>	
<b>Birth Certificate Surname</b> <i>(if different to above)</i>	
<b>Student PPS No</b>	
<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/> <i>(Please tick <math>\surd</math> appropriate box)</i>
<b>Religion</b>	
<b>Mother's Maiden Name</b>	

**2. FAMILY DETAILS** (REQUIRED FOR SCHOOL ENROLMENT AND PARENTAL CONTACT PURPOSES)

	Parent/Guardian 1	Parent/Guardian 2
<b>Surname</b>		
<b>Name(s)</b>		
<b>Relationship to child</b> <i>(mother/father/other guardian) please provide details</i>		
<b>Phone Number</b>		
<b>Mobile Number for Messaging from School</b>		
<i>Please indicate the number to which text messages will be sent. Please make sure the School is aware of any change in your mobile number. This is essential for texting purposes.</i>		
<b>Contact E-mail Address</b>		
<b>Postal Address</b> <i>(if different from above)</i>		
<b>Does the child have any Brothers/Sisters in this school</b>	<i>Name, Age, Class</i>	
	<i>Name, Age, Class</i>	
	<i>Name, Age, Class</i>	
<b>Number of Children in Family</b> _____		<b>Pupil's Position in Family</b> _____

**3. EMERGENCY CONTACT DETAILS**

<b>Name</b> _____
<b>Contact Number</b> _____ <b>Relationship to Student</b> _____

**4. ACCESS TO/CUSTODY OF STUDENT**

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

**5. PRIMARY SCHOOL DETAILS**

**Name of Primary School last attended** \_\_\_\_\_

**Roll No of Primary School last attended** \_\_\_\_\_

**Details of any other Primary Schools attended:** *(Please provide details of any other primary schools attended including name, address and dates attended)*

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

**Consent to Contact Primary Schools**

Beaufort College LMETB will forward the NCCA Information Request Form to request the end of year 6<sup>th</sup> class report cards (the Education Passport) from the relevant primary schools. For further information log onto [www.ncca.ie](http://www.ncca.ie)

**I/we give permission to contact my child's primary school and to obtain copies of the teachers' records, class notes, academic records, psychological reports and other records necessary for my child's educational welfare and for his assisting in his/her transition from primary to post primary school. I hereby give my consent and do instruct and direct my child's primary school to release these documents to Beaufort College, LMETB**

Signed \_\_\_\_\_ Signed \_\_\_\_\_  
Parent/Guardian Parent/Guardian

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

**6. STANDARDISED TESTING**

Standardised testing may be carried out for the purposes of Literacy/Numeracy progress, Reasonable Accommodations in the State Examinations, assisting in referrals to NEPS and for Career Guidance information.

**Consent for Standardised Testing**

**I/we give permission to Beaufort College, LMETB to conduct standardised testing for the purposes of Literacy/Numeracy progress, Reasonable Accommodations in the State Examinations, assisting in referrals to NEPS and Career Guidance information**

Signed \_\_\_\_\_ Signed \_\_\_\_\_  
Parent/Guardian Parent/Guardian

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

**7. REPORTS ON EDUCATIONAL PROGRESS**

Please indicate the person to whom correspondence is to be send regarding educational progress/attainment of the student, if different from details outlined in Section 2 above.

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

**8. EDUCATIONAL DETAILS** (REQUIRED FOR THE ASSESSMENT OF INDIVIDUAL EDUCATIONAL NEEDS. PLEASE NOTE IT MAY BE NECESSARY TO SHARE THESE DETAILS WITH SCHOOL STAFF ON A CONFIDENTIAL BASIS)

**Irish is a compulsory subject for all students. Exemptions are only granted in exceptional cases**

**A. Is the student currently studying Irish?** ..... Yes  No

*If No please indicate a reason below by ticking the relevant box and attach a copy of proof of exemption granted.*

Student received primary education up to 11 years of age outside of Ireland	
Student was previously enrolled in a State School after being re-enrolled after a period spent abroad, provided that at least three years have elapsed since the previous enrolment in the State and the student is at least 11 years of age on re-enrolment	
Student has evidence of a disability furnished by a qualified psychologist which recommends 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).	
Student is from abroad, who has no understanding of English.	

**B. Has the student had a psychological assessment?** ..... Yes  No

*If Yes, is the psychological report available?* ..... Yes  No

**Date of psychological assessment** \_\_\_\_\_ *(please enter in format xx/xx/xxxx)*

**Copy of psychological assessment enclosed** ..... Yes  No

**C. Has the student been granted resource teaching hours by the ..... Yes  No**   
National Council for Special Education (NSCE)?

**D. Has the student availed of the services of a Special Needs ..... Yes  No**   
Assistant (SNA) granted by the NCSE?

**E. Has the student been in receipt of learning support at Primary ..... Yes  No**   
School?

*If Yes, please provide details below:*

**9. MEDICAL DETAILS** (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/ETB ACTIVITIES. PLEASE NOTE IT MAY BE NECESSARY TO DISCLOSE THIS INFORMATION TO SCHOOL STAFF IN CERTAIN CIRCUMSTANCES. *IF YOUR CHILD HAS A MEDICAL CONDITION REQUIRING THE ADMINISTRATION OF MEDICATION DURING SCHOOL TIME, PLEASE CONTACT THE PRINCIPAL WHO WILL FURNISH YOU WITH A COPY OF THE LMETB POLICY AND PROCEDURE FOR THE ADMINISTRATION OF MEDICINES IN SCHOOLS*)

**Is Student a Medical Card Holder** ..... Yes  No

- Does Student require Glasses?** ..... Yes  No
- Does Student have any Hearing Difficulties?** ..... Yes  No
- Does Student suffer any Serious Illness?** ..... Yes  No
- Is Student on any ongoing Medical Treatment?** ..... Yes  No
- Does Student have any of the Chronic Conditions?** ..... Yes  No

*If Yes, please provide details*

---

---

**Other Medical concerns/information of relevance**

---

---

**Procedures to follow for a particular illness**

---

---

**GP Name, Address & Contact Number** \_\_\_\_\_

---

## **10. DATA PROTECTION**

**A summary of the Data Protection Policy of Louth and Meath ETB is set out below. This Data Protection Policy (together with such updates and amendments as may be made to same from time to time and circulated by Louth and Meath ETB will apply during the student's time at *Beaufort College*.**

### **Personal Data on this Form:**

Louth and Meath ETB is a data controller under the Data Protection Acts 1988 and 2003. The personal data supplied on this application form is required for the purposes of:

- student enrolment and student registration
- allocation of teachers and resources to the school
- determining a student's eligibility for additional learning supports & transportation
- examinations
- school administration
- child welfare (including medical welfare)
- and to fulfil our other legal obligations

### **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 send you emails for all the purposes of:

- school concerts/events/sports
- parent teacher meetings
- to notify you of school closure (e.g. adverse weather conditions),
- to notify you of your child's non-attendance or late attendance or any other issues relating to your child's conduct in school
- to communicate with you in relation to your child's social, emotional and educational progress and to contact you in the case of an emergency.

### **Do you consent to LMETB:**

Using your email address to alert you to these issues?

Yes  No

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

Yes  No

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

Yes  No

**Please note: Beaufort College, LMETB> reserves the right to contact you in the case of an emergency relating to your child, regardless of whether you have given your consent.**

Use your mobile phone/landline number to call you in relation to these offers?

Use your address to send you written letters/brochures in relation to these offers?



### **Transfer of Personal Data**

While the information provided will generally be treated as private to Beaufort College, LMETB>, 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 (the Child and Family Agency) social workers or medical practitioners, the National Educational Welfare Board, the National Council for Special Education, any 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 your/your child's personal data you should write to the Principal requesting an Access Request Form.

### **Data Protection Policy**

A copy of the full Data Protection Policy is available on the Louth and Meath ETB website or from the Principal and you and your child should read it carefully. By signing below you are indicating that you consent to your data /your child's data being collected, processed and used in accordance with this Data Protection Policy during the course of their time as a student in the school. Where the student is over 18 years old, they will be asked to sign their consent to this.

### **Photographs and Digital Images of Students**

The school maintains a database of photographs and digital images (including video) of school events held over years. 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 or in brochures, yearbooks, newsletters, local and national newspapers and similar school-related productions. In the case of website photographs/digital images, student names will not appear on the website as a caption to the picture. If you or your child wish to have his/her photograph/digital image removed from the school website, brochure, yearbooks, newsletters etc. at any time, you should write to the 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 photograph/digital image taken and included in such records, please tick here
3. If you are happy for your child's photograph/digital image to be taken and included, as 1. above, but would prefer not to have images of your child appear on the school website, in school brochures, yearbooks, newsletters etc. please tick here.

**Signed:** \_\_\_\_\_ **Parent/Guardian**  
**Parent/Guardian**

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

**Part 11. (Contracts)**

**Student**

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

As a student in Beaufort College I promise to abide by the Rules/Regulations and Expectations of the school, in the interests of maintaining a positive learning environment.

I have read and I accept the School Code of Behaviour

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent (Contract and Consent)**

In registering my above named child as a student in Beaufort College, I understand that this implies a full acceptance of the rules and policies of the school, including the Code of Behaviour, as laid down from time to time by the Board of Management.

I will provide copies of recent psychological or other professional educational assessments to the school.

I understand that, while every effort will be made to ensure that my son/daughter will be facilitated in his/her subject choices, this may not always be possible.

As a partner in the education of my child, I recognise the need for me to do my utmost to support the work of the school.

By signing below, I am giving explicit consent for Beaufort College to confirm, retain, use and disclose the information I have provided in accordance with the Louth and Meath ETB Data Protection Policy (as summarised above).

**Signed:** \_\_\_\_\_ **Signed:Parent/Guardian**

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

**Closing date for Applications Friday 13<sup>th</sup> October 2017**

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

***PARENTS OF STUDENTS WHO REQUIRE SCHOOL TRANSPORT ARE REMINDED TO CONTACT BUS EIREANN***

## **12. Appendix A (1)–Letter to parents/ guardians**

Dear Parent/Guardian,

I am writing to you at the request of the Department of Education and Skills who are seeking the following information on the nationality, mother tongue and ethnic/cultural background of students who have been offered and accepted a place in post-primary schools for the coming year.

The Department requires this information for the purposes of statistical analysis and reporting in the areas of social inclusion and integration of students in the education system. The Department has also informed the schools that it has consulted with the Office of the Data Protection Commissioner in respect of the data they are now seeking to collect.

The Department has advised schools that it will only use this information in an aggregate format for the above purposes, i.e. not identifying individual students. Access by Department staff to any of this information is restricted to a small number of Department staff, not exceeding 15, who provide technical support to schools on the collection of this data or who work in the area dealing with statistical analysis. Further information on the purposes for which this data is required by the Department and how it is managed and secured is available in Departmental circular 0023/2016. A FAQ on the use of the data of post-primary students by the Department is also available. Copies of both of these documents may be found on [www.education.ie](http://www.education.ie) or on request from the school.

With the exception of the Central Statistics Office (CSO) the Department has informed schools that it will not share individual data on a student's nationality, mother tongue or ethnic/cultural background with any other body or person outside of the Department. The CSO may obtain the information provided to the Department under the Statistics Acts. The CSO manage the data so provided in a secure manner and to the same standards that operates for the National Census.

Please note that schools are empowered under legislation<sup>1</sup> to receive information on a student's nationality which they may in turn share with the Department. In order to collect details of mother tongue and share it with the Department, the school must obtain the consent of the parent/guardian. In respect of the ethnic/cultural background of the student (because this is deemed sensitive and personal<sup>2</sup> for data protection purposes) the school must first obtain the explicit written consent of the parent/guardian to collect this data and share it with the Department.

Please complete the attached form and return it to the school.

Yours sincerely,

Ms Angela Crowcock

Principal

---

<sup>1</sup> Social Welfare (Consolidation) Act 2005 sections 262-266 and S.I. 317 of 2015 Social Welfare (Consolidated Claims, Payments and Control) (Amendment)(No. 4) (Sharing of Information) Regulation 2015.

<sup>2</sup> Section 2 of Data Protection acts, 1988 and 2003

**Circular 0023/2016 - APPENDIX A (2) FORM for the collection and return of student data by the school to the Department of Education and Skills.**

**NAME OF SCHOOL** \_\_\_\_\_

**ADDRESS OF SCHOOL** \_\_\_\_\_

**NAME OF STUDENT** \_\_\_\_\_

**Date of Birth of Student** \_\_\_\_\_

**Academic year which student is in** \_\_\_\_\_

**Q1: What is the student's NATIONALITY<sup>3</sup>** \_\_\_\_\_  
(please use **BLOCK CAPITALS**)

**Q2: Is English or Irish the MOTHER TONGUE<sup>4</sup> of the student?** \_\_\_\_\_  
(answer YES or NO)

**IN RESPECT OF THE NEXT QUESTION YOU MAY OPT NOT TO PROVIDE AN ANSWER.**

**Q3: To which ethnic or cultural background does the above named student belong?**

*Please circle only one category (these categories used are based on the Census)*

1. White Irish
2. Irish Traveller
3. Roma
4. Any other white background
5. Black or Black Irish – African
6. Black or Black Irish – any other Black background
7. Asian or Asian Irish – Chinese
8. Asian or Asian Irish – Any other Asian background
9. Other including mixed background
10. No consent

\_\_\_\_\_  
**Signed (Parent/Guardian)**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**DATE**

**Please return completed forms to the student's school**

**This form should be retained by the school for the duration of the student's enrolment and made available for inspection by an officer of the Department or the Office of the Data Protection Commissioner, if required.**

<sup>3</sup> NATIONALITY is the preferred nationality which the parent/guardian (or student, where of an age deemed competent to do), so provides. It is chosen regardless of whether the student is adopted or has dual nationality.

<sup>4</sup> MOTHER TOUNGE is the language a child speaks as their first language

# Checklist

- I have included the students PPS Number ..... Yes  No**
- I have enclosed a copy of the students Birth Certificate..... Yes  No**
- I have enclosed Proof of Home Address..... Yes  No**
- I have circled all Yes/No Options and signed the application..... Yes  No**

For Official Use:

Date Received