**** C.B.S. Primary School

Roll Number: 17195M

Telephone: 042 932 7861

Email: [office@cbsprimarydundalk.ie](mailto:office@cbsprimarydundalk.ie)

www.cbsprimarydundalk.ie

Chapel Street

Dundalk

Co. Louth, A91 YF82

**REQUEST FOR PUPIL TRANSFERRING SCHOOL**

**(Please Note: Children starting CBS must be 4 years of age by 1st July of Start Year)**

In order to assist with the gathering of data please complete the form in CAPITAL LETTERS

and return to the school by post or email. This form will be retained by the school.

***Please supply a copy of the child’s Birth Certificate with returned Enrolment Form***

***Start Year: \_\_\_\_\_\_\_\_\_\_ Class in C.B.S. \_\_\_\_\_\_\_\_\_\_***

* Child’s First Name: Male \_\_\_\_\_\_ Female \_\_\_\_\_\_
* Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Birth Cert. Name: (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Birth: Day \_\_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_

* Child’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Child’s Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* P.P.S. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother – Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father – Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### **MOTHER**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden Name/**Birth Surname**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

###### **FATHER**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current School**  Email:

* *Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*
* *School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
* *Full School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Other Contacts*

* In the event we are unable to telephone or contact either parent/guardian (sickness, accident etc.) we require 2 alternative contacts who we may telephone – please get their prior permission. Write Relationship to child – e.g. Grandmother, Aunt, Family Friend etc.
* If any telephone numbers change, please inform the school immediately, as it is vital to keep records up-to-date.

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

One Day-time tel. number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

One Day-time tel. number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please List

|  |  |
| --- | --- |
| * Any allergies or Medical conditions the school should be aware of? |  |
| * Name of Doctor & telephone number |  |
| * Are there any problems, concerns or developmental delays the school should be aware of? |  |
| * Had your child ever has a Psychological Assessment/Assessment of need? |  |
| * Has your child ever had a Speech & Language Assessment? |  |
| * Before commencing this school, has your child attended Play-School or Pre-school? | Attended Play-School or Pre-School Yes \_\_\_\_\_ No \_\_\_\_\_  **If Yes** - How many years  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Please supply the school with copies of any Reports that have been carried out on your child.***  ***Please make the school aware as early as possible of any family situations, such as bereavement or separation that could impact on your child, so that we can be as supportive as possible.*** | |

**C.B.S. Primary School**

*Below is Pupil Information, requested by the Department of Education*

*for their Primary Online Database (P.O.D.)*

***Consent:***

*Your consent is required to allow C.B.S. to transfer the information below to the Department of Education.*

***Child’s Name:***

***Child’s NChCCame:***

***Does your son / daughter speak the Irish or English language at home ?* YES NO**

* ***Religion: Please tick only ONE of the following:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Roman Catholic* |  | *Church of Ireland*  *(Anglican)* |  | *Presbyterian* |  |
| *Methodist, Wesleyan* |  | *Jewish* |  | *Orthodox (Greek, Coptic,*  *Russian)* |  |
| *Muslin (Islamic)* |  | *Apostolic or Pentecostal* |  | *Hindu* |  |
| *Jehovah’s Witness* |  | *Buddhist* |  | *Lutheran* |  |
| *Atheist* |  | *Baptist* |  | *Agnostic* |  |
| *Christian Religion*  *(not further defined)* |  | *No Religion* |  | *Evangelical* |  |
| *Other Religions* |  |  |  | ***No Consent*** |  |

* ***Ethnic/Cultural Background: Please tick ONE of the following:***

|  |  |  |  |
| --- | --- | --- | --- |
| *White Irish* |  | *Irish Traveller* |  |
| *Any Other White Background* |  | *Roma* |  |
| *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 (Including Mixed Background)* |  | ***No Consent*** |  |

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

*Full Name (In BLOCK Capitals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# Pupil Transferring CONSENT FORM

# Please answer YES or NO to the following (please tick/circle one as appropriate)

# 

***Child’s Name:***

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | During the course of the school year, all classes undertake a variety of different activities outside the school premises. These include, for example, football & basketball matches, swimming, athletics, school tours, history/educational tours and any other activities that arise.   * We give permission for our child to partake in field trips, swimming/outings and tours that may arise.   that may    tours that may arise: | YES | NO |
| 2 | We give our consent to the staff of C.B.S. Primary School Dundalk. to obtain professional medical aid for our child in the case of a medical emergency or serious injury: | YES | NO |
| 3 | There are many forms to be filled during the school year where the name of your child(ren) and/or date of birth/address/phone number is requested e.g. School Dentist, School Nurse, Handwriting Competition, Football and Basketball Competitions.   * In order to comply with Data Protection, we require your permission to pass on this information to the relevant body. | YES | NO |
| 4 | We give permission for our child’s photograph/video’s to be published on the school website [www.cbsprimarydundalk.ie](http://www.cbsprimarydundalk.ie) & the school Facebook page and our school YouTube channel. | YES | NO |
| 5 | We give permission for our child’s photograph to be taken by outside agencies for school brochures, local/national newspapers, computer presentations to a wider audience and for general educational purposes, e.g. class photos in corridors, wall displays. | YES | NO |
| 6 | We acknowledge that we have read and accepted the Code of Behaviour of CBS Primary School Dundalk. | YES | NO |
| 7 | We will support & co-operate with the staff of the school. | YES | NO |

* **School Code of Behaviour:**

You can access our Code of Behaviour on the school website [www.cbsprimaryschool.ie](http://www.cbsprimaryschool.ie) (see School Policies). Please read it carefully as all pupils are subject to this Policy.

* I/We have read and understand the Code of Behaviour*.*
* I/We accept the School Rules and agree to work in co-operation with the staff to ensure my/our child understands and keeps them.

Signature 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Date \_\_\_\_\_\_\_\_\_\_\_\_

Signature 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Date \_\_\_\_\_\_\_\_\_\_\_\_