

ST. HELEN'S SENIOR NATIONAL SCHOOL, PORTMARNOCK CO. DUBLIN

EMAIL: admin@helens.ie
WEB: www.helens.ie



TELEPHONE: 01 8461808
ROLL No: 19762I

APPLICATION FOR ENROLMENT 2024 - 2025

Surname _____ Child's First Name _____

Gender Male ☐ Female ☐ Child's PPS No _____

Date of Birth _____

Full Postal Address _____

EIRCODE _____

(Note: This address will be used in all postal correspondence re your child)

Nationality _____ Country of Birth _____ First language at home _____

Father's Name _____ Mother's Name _____

Father's Mobile No _____ Mother's Mobile No _____

Father's email address _____ Mother's email address _____

Parent/Guardian Address if different than above: _____

Emergency Contact (if child has to be taken home unexpectedly) _____

Mobile No _____

Does the child have siblings attending this school? Yes ☐ No ☐

Name _____ Class _____ Name _____ Class _____

To which ethnic or cultural background does your child belong. (Please tick one)

White Irish	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>	Roma	<input type="checkbox"/>
Black or Black Irish African	<input type="checkbox"/>	Black or Black Irish - Any other Black background	<input type="checkbox"/>	Other (incl. Mixed background)	<input type="checkbox"/>
Other white background	<input type="checkbox"/>	Asian or Asian Irish- Any other Asian background	<input type="checkbox"/>	Asian or Asian Irish- Chinese	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	No Consent	<input type="checkbox"/>

What is your child's religion? _____

Name of previous School (if applicable) _____

Class in Previous School: _____ Telephone No. _____

Full Postal address of Previous School: _____

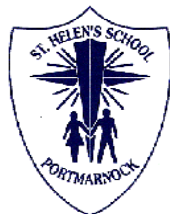
PRINCIPAL: GWYN BHREATHNACH

DEPUTY PRINCIPAL: MARIE TUIE

SCOIL NAOMH LÉAN (SINNSEARACH), PORTMEARNÓG, CO. ÁTHA CLIATH.

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I give permission to discuss the needs of my child with the Principal / Management of the previous school listed above Yes ☐ No ☐

Parental Permission

Do you give permission to administer basic first aid if your child has an accident at school/games/school tour? If an accident is of a more serious nature, the school will contact Parent/Guardian.	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Do you give permission for your child to be taken to a Doctor/Hospital in case of a serious accident / illness?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
The HSE asks us to supply information for vaccinations, eye tests, hearing test etc. Do you agree to this?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
I/We give permission for my child(ren) to take part in the Social Personal Health Education Curriculum (including relations, sexuality and Stay Safe) as outlined by the Department of Education and Skills.	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
I/We have read the Code of Behaviour available on the school website and agree to support this policy. Our Code of Behaviour is available on www.helens.ie	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
I/We support ALL School Policies as outlined in the school website – including the Admissions, Anti Bullying, Healthy Eating, Child Safeguarding and Internet Acceptable Use Policies etc. All available on www.helens.ie	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
I/We consent for my child's photograph, voice, video and work to be used for all school publications including school blog/website/ newsletter etc.	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
I/We give permission for my child's religion and ethnic background to be transferred to the Department of education and Skills Pupil Data System (POD)	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
I/We give permission for my/our contact details to be uploaded to the school *Aladdin system. *(School admin software used for majority of communication with parents/guardians). I agree to contact the school immediately if I change my address, telephone or email as these details are essential for contact with the Parents/Guardians via Aladdin.	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
I/We give permission for my child to participate in all school tours (details of which will be notified to you) and all short local trips, (park/nature walks etc.) usually within walking distance of school.	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
<u>Educational / Diagnostic Tests</u>				
During your child's time in St. Helen's Senior School, it may be necessary from time to time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for any screening/ diagnostic tests to be carried out with my child.	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
I give permission for my child to receive additional support from the Special Educational Needs (SEN) Teachers within the school, if required. Parents will be informed prior to children being withdrawn for additional support.	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
<u>Absences</u>				
I understand that the school must report to Túsla if a child is absent from school for 20 days or more and that if a child is absent for a prolonged period but without explanation and the Parents/Guardians cannot be contacted the school will inform the relevant authorities.	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
<u>Child Protection & Welfare</u>				
I understand that should the school have reasonable cause for concern regarding my child's wellbeing / safety or if my child discloses any form of abuse the school is bound to inform the HSE	Y	<input type="checkbox"/>	N	<input type="checkbox"/>

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GDPR

St. Helen's Senior National School is registered as a Data Controller under the Data Protection Acts 1988 and 2003 and we follow GDPR regulations as set down in 2018. The personal data supplied on this application form is required for the purpose of student enrolment, registration, administration, child welfare and to fulfil our legal obligations. Contact details will be used to notify you of school events/ activities. While the information provided will generally be treated as confidential to St. Helen's S.N.S., from time to time it may be necessary for us to exchange personal data on a confidential basis, where we are legally required to do so, with other bodies including the Department of Education & Skills, the Department of Social and Family Affairs, An Garda Síochána, The Health Service Executive, Túsla and other schools where the student is transferring. We rely on parents/ guardians to provide us with accurate and complete information and to update us in relation to any change in the information provided. Should a parent/ guardian wish to update or access their own or their child's personal data they should put the amendment/s in writing to the school principal. A copy of our GDPR Policy is available on our website or on request from the principal.

Signed: [Parent/ Guardian] _____

Date: _____

Signed: [Parent/ Guardian] _____

Date: _____

Consent for Photographs and Digital Images

Our school maintains a database of photographs and digital images including videos of school events. It has become customary to take photos and videos of students engaged in activities to create a pictorial and historical record of school life and as a means of presenting projects and work done. Photographs and videos may be published on our school website, newsletters, calendars and local and national newspapers. In the case of website images student's names will not be recorded with the picture.

We seek your permission to allow our school to use these at the discretion of the school authorities in school publications/ website and school blog. If you do not wish to consent to the above, please inform the school in writing.

Signed: [Parent/ Guardian] _____

Date: _____

Signed: [Parent/ Guardian] _____

Date: _____

It is very important that we have up to date contact details for parents and minders, in the event that any of the details on this enrolment form should change whilst your child is attending this school, please inform us immediately.

Internet Permission

I have read the Internet Acceptable Use Policy on the website and grant permission for my child to access the internet. I understand that school internet usage is for education 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 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/our child tries to access unsuitable material.

Signed: [Parent/ Guardian] _____

Date: _____

Signed: [Parent/ Guardian] _____

Date: _____

Information for Department of Education and Skills Primary Online Database

The Department of Education and Skills have developed an electronic database of primary school pupils called the Primary Online Database (POD). This database will allow the Department to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns for grant payment and teacher allocation purposes. Both religion and ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. Therefore, it is

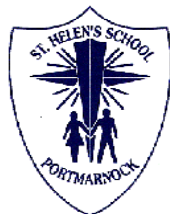
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necessary for each pupil's parent/guardian to identify their child's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. All other information held on POD was deemed by the Data Protection Commissioner as non-sensitive personal data.

Signed: [Parent/ Guardian] _____

Date: _____

Signed: [Parent/ Guardian] _____

Date: _____

Medical and / or Other Adverse Circumstances

Please give details and specify if your child has any medical condition the school needs to be aware of (e.g. asthma, epilepsy etc..) allergies (nuts, antiseptics, penicillin etc.).

If there are any medical reports in relation to any of the above, please provide a copy.

Additional Information: Please give details and specify any information which might be considered to affect your child's education and progress in school. If you have any concerns or there are any other issues regarding your child's education, we ask that you communicate these with the principal to enable us support his/her education.

Note:

- If there are any orders or other arrangements in place governing access to, or custody of the child, please provide details and include supporting evidence.
- The acceptance of this application is not a guarantee of placement.
- Please note this application is not valid unless all sections have been completed and all information regarding your child has been provided. This allows us to ensure that places are allocated fairly in line with our Admissions Policy and to plan the allocation of resources to meet the needs of any incoming pupils with special educational needs.

I /We declare that the information I / We have provided on this application form is correct and understand that it will be treated as confidential.

Signed: [Parent/ Guardian] _____

Date: _____

Signed: [Parent/ Guardian] _____

Date: _____

Please return all enrolment applications by post to St. Helen's Senior National School, Limetree Avenue, Portmarnock, Co. Dublin, D13 X326

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