

Enrolment Registration Form Boston N.S. 2017/2018

Details of Parent(s)/Guardian(s):

Father

1. Surname: _____ First name: _____

Occupation: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Home Tel. _____ Mobile _____ Email _____

Mother

2. Surname: _____ First name: _____

Maiden name: _____

Occupation: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Home Tel. _____ Mobile _____ Email _____

Details of Pupil: Pupils PPS Number: _____

Surname: _____ **First name:** _____
(as on birth certificate)

Name known by: _____ (if different)

Date of birth: _____ **Gender** (please tick): [] boy [] girl

Please attach the child's original Birth Certificate; this will be copied and returned to you.

Religion of child: _____

Previous school (if transferring from another school): _____

Health issues/treatments

Please outline any health problems or allergies or any special requirements that we in school should be aware of:

Family Doctor

Name: _____ Telephone: _____

Address: _____

Emergencies

I authorise the School Authorities to arrange necessary medical treatment for my child in cases of emergency. The School Authorities have my permission to contact me

Name: _____ Telephone: _____

Address: _____

If I am not available at my home address or at the address given above, I authorise the School Authorities, in cases of emergency, to contact either of the following two persons, who have agreed to act on my/our behalf in such cases:

1. Name: _____ Telephone: _____

Address: _____

2. Name: _____ Telephone: _____

Address: _____

If there is any change in the details given above, it is the parent(s)/guardian(s)' responsibility to immediately inform the school in writing.

Signature 1 _____ Signature 2 _____

Date: _____ Date: _____

I agree to follow the code of behaviour policy for Boston N.S.

I give permission for the above information to be provided to the Department of Education if necessary

Signature 1 _____ Signature 1: _____

Date: _____ Date: _____

Signature 2: _____ Signature 2: _____

Date: _____ Date: _____

Boston National School

Code of Behaviour

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 Boston National School.

We have received and read a copy of the 'Code of Behaviour'. We will co-operate with the staff and support the ethos of the school.

Signed: 1 _____

Signed: 2 _____

(Parent's/guardian's signatures)

Date: _____

Activities Consent Form

Boston N.S. 2017/2018

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, pantomime, swimming, library visits etc...) and any other activities that arise.

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

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 the school as soon as possible.

Thank you for your support.

Heather Lee
Principal.

Annual Consent Form 2017-2018

Date: _____

I consent to allow my child(ren)
(Parents/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 this school year 2017/2018.

I give permission for samples of my child’s work to appear on the school website.

I give permission for photographs/Audio/videos of my child to appear on the internet

Boston National School 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 Boston N.S. 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 supervisory resources in a school the size of Boston NS, 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: _____

DIAGNOSTIC/EDUCATIONAL TESTS.

During your child's time in Boston National School he/she will undergo various Diagnostic/Educational Tests.

PERMISSION SLIP.

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

Signed: _____

Parent/Guardian

Signed: _____

Parent/Guardian

Dated: _____

Boston National School

Dear Parent(s)/Guardian(s)

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,

Heather Lee

I agree: _____

I do not agree: _____

Date: _____

Text-a-Parent

We at Boston National School are using Textaparent.ie to communicate with our Parents/Guardians. Please complete the following:

Child(ren)s Names	Class

Parent/Guardian names and mobile contact number(s). Tick box to indicate number(s) to receive sms messages from school.

Parents/Guardians Names	Contact Mobile Number	✓

Occasionally reminder texts are sent, please indicate below if you wish to receive reminder text.

Yes No

Signed: _____

Parent(s)/Guardian(s)

Stay Safe Programme

The Stay Safe programme will be taught in all classes from Junior Infants up. The aim of the Stay Safe Programme is to reduce vulnerability to child abuse and bullying. The programme develops children's ability to recognise, resist and report risk situations or abusive encounters.

There is detailed information on the Stay Safe Programme and also valuable advice on safe use of the internet at www.staysafe.ie. A Parents' Guide is available in various languages and can be downloaded from the website. In order for your child to participate in the programme it is necessary to fill in the parental consent form below and return.

.....

I give permission for my child to participate in the Stay Safe Programme.

Signed: _____

I do not give permission for my child to participate in the Stay Safe Programme.

Signed: _____

Date: _____

Dear Parents/guardians,

As you are aware your child's school day ends at 2:00p.m. Little Rockers provide afterschool care from 2:00p.m. to 3:00p.m. before going home at 3:00p.m. on the bus. Please fill in the consent form below. If you have any queries regarding this matter please contact the school as soon as possible.

If you have any questions in relation to the After School Club or need information regarding the club after 3:00p.m. Please contact Little Rockers on 087 9974700.

Boston N.S.

091-633211

I understand that my child's school day finishes at 2:00p.m. I give consent for my child to be the responsibility of 'Little Rockers' from 2:00p.m to 3:00p.m Monday to Friday. During this time my child may be in the company of children from the playschool.

Parent: _____ Child: _____

Signature: _____ Date: _____