



Eureka Secondary School, Kells, Co Meath

Office Use: Date received:

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www.eurekasecondaryschool.ie

Principal: Ms. Caroline O'Reilly

Deputy Principals: Ms. Mary Mullaghy, Mr. David Wright

Application for First Year Enrolment – September 2024

The information provided in this form is confidential and will be retained, used and disclosed by Eureka Secondary School, Kells, Co. Meath in line with the Data Protection Notice at the end of this form.

Student's Details

First name (as per birth cert):	Surname:
Date of Birth:	Nationality:
Mother's Maiden Name:	Student PPS No:
Religion:	
Student's preferred first name if different from above:	
Student's address:	
Eircode:	

Student's Family Details

<u>First Parent/Guardian:</u>	<u>Second Parent/Guardian:</u>
Name:	Name:
Address: (if different from above)	Address: (if different from above)
Eircode:	Eircode:
Mobile Phone:	Mobile Phone:
Home Phone	Home Phone
Work Phone:	Work Phone:
Please PRINT email addresses CLEARLY!	
Email:	Email:

Please indicate the primary person(s) and address to whom official school correspondence will be sent:
Parent/Guardian 1 Parent/Guardian 2 Both Parents/Guardians

Name and phone number of person who may be contacted in an emergency if either parent/guardian cannot be contacted. Please state the relationship this person is to your daughter (Grandparent etc.).

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Does any legal order under family law exist of which the school should be aware? Yes No

If there are any other arrangements in place governing access to or custody of your daughter, please inform the school of same if and when the offer of a place for your daughter is made available.

Siblings (including step-siblings, half siblings):

No of children in the family:

Position in the family:

Names of sisters currently in the school	Year

Names of sisters/brothers who are past students of the school	Year they left

Educational Details

Name & Address of Primary school attended 2023/2024:
Other primary school(s) attended and dates if applicable:

I give permission to contact my child's primary school to obtain copies of teacher's records, academic reports, educational passport and other records necessary to aid the transition from primary to post primary and to help my child's educational welfare.

Signed: _____ **Date:** _____

Is your daughter student exempt from Irish? Yes No

If the answer is YES, then a copy of the Irish exemption should be attached to this form.

Has your daughter an Educational Psychological Report? Yes No

If the answer is YES, then a copy of the Educational Psychological Report should be attached to this form.

Is your daughter in receipt of resource teaching hours and/or Special Needs Assistance hours? Yes No

If the answer is YES, please supply details here:

I give permission for my child to avail of the support provided by the Guidance Counselling Service when needed	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my child to complete any of the educational standardised tests that are used throughout the school year for educational purposes.	Yes <input type="checkbox"/> No <input type="checkbox"/>
The school administers Diagnostic Tests (e.g. CAT4, Drumcondra Tests, NRIT etc.) which are used to ascertain and monitor the educational progress of students. I agree to the use of this process and that the school should contact me should any concerns arise.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my child to complete any instrument/questionnaire which form part of school's anti-bullying processes.	Yes <input type="checkbox"/> No <input type="checkbox"/>
The school teaches the RSE (Relationships & Sexual Education) Programme which is vetted by and is a mandatory requirement by the Department of Education and Skills. Lessons are developed using suitable content and appropriate language for each year group. I agree that my child may participate in these lessons.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signed: _____ **Date:** _____

Medical Information

This information is required to ensure the school has an accurate record of medical conditions as well as your doctor's details in the event of a medical issue arising during school activities. Please note it may be necessary to disclose this information to staff in certain circumstances.

Please indicate if your child has any serious medical condition that might affect her studies and/or attendance at school:

yes no

If the answer is YES, please supply details here:

Student Medical Card No (if applicable):	
Expiry Date:	
Doctor's Name:	
Doctor's Address:	
Doctor's phone number:	

In an emergency it may be necessary to take a student to hospital/doctor and inform her parents/guardians afterwards. I give permission for my child to be taken immediately to a doctor or hospital in case of serious illness/accident. (In a non-emergency it is the school's policy to inform parents/guardians if their child has had an accident in school which may require them to collect their child and take him/her home or to doctor/hospital). Yes No

Signed: _____ **Date:** _____

Data Protection

The school Data Protection Policy is available on the school website -- www.eurekasecondaryschool.ie When you apply for enrolment you will be asked to sign that you consent to your data/your child's data being collected, processed and used in accordance with the school's Data Protection Policy during the course of their time as a student in the school. While all information provided will generally be treated as private to Eureka Secondary School, and will be collected and used in compliance with the Data protection Acts 1988 and 2003, from time to time the school may be obliged to share personal data on a confidential basis with outside agencies including An Garda Síochána, TUSLA, the HSE, the National Educational Welfare Board, or (where the student is transferring) another school.

On occasions such as Open Day, Graduation and other school events, local press photographers take group and individual photos of students and in some instances identify the students by name. I agree to the school using my child's name/image in this way. (Please note that removing a student from a photo of the rest of the group can be quite upsetting for the student).	Yes <input type="checkbox"/> No <input type="checkbox"/>
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I agree to the school using my child's name in relation to publicising school events and activities on the school website and in school publications.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Images of my child and their work or images of them partaking in school activities may appear on the school's website/Facebook page, in the school newsletter or in the public media. These images may be of individuals or groups. I agree to the use of my child's image in these ways.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signed: _____ Date: _____

I accept that my daughter is only offered a place if I agree to the school's Code of Behaviour and other policies and procedures.

I confirm that the information I have entered above is accurate and true and I understand that completing this form does not constitute the offer of a place in Eureka Secondary School.

I attach a copy of my daughter's **birth cert** together with other relevant support documents.

Signed: _____ Parent/Guardian Date: _____

Signed: _____ Parent/Guardian Date: _____

All applications should be returned by email enrolments@eurekaschool.ie or by post to ENROLMENTS, Eureka Secondary School, Cavan Rd., Kells, Co Meath. A82R6C4 **on or before 4pm on Monday, 23rd October, 2023.**

Offers of places will be made on 1st November, 2023.

Consent Form for Sensitive Personal Data for the School's October Return to the Department of
Education & Skills

Certain sensitive personal data which the Department asks post-primary schools to furnish via the “*Annual Post-Primary School October Return/Examination Entries*” process 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 0047/2010 a copy which is available at www.education.ie or on request from your child’s school.

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

Please enter the following details in BLOCK CAPITALS

Name of School: Eureka Secondary School

Name of Parent/Guardian: _____

Name of Student: _____

Class year of student 2024/2025 First Year

1. Where your child is in 1st Year do you or your child possess a medical card?
(please **CIRCLE** the appropriate answer)

YES NO

2. Is your child a member of the Traveller Community *?
(please **CIRCLE** the appropriate answer)

YES NO

** “Traveller Community” means the community of people who are commonly called Travellers and who are identified (both by themselves and others) as people with a shared history, culture and traditions including, historically, a nomadic way of life on the island of Ireland. Section 2(1) of the Equal Status Act, 2000*

3. What is the student’s Nationality _____
(Please use **BLOCK CAPITALS**)

4. Is English or Irish the Mother Tongue of the student (Yes/No) _____

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

5. 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

Date: _____

Please complete this form and return to your post-primary school. This form will be retained by the post-primary school and will be made available for inspection by authorised officers of the Department or from the Office of the Data Protection Commissioner.

Declaration

P-POD Student Enrolment Data Protection Statement

School Name: Eureka Secondary School **School Roll No :** 64410F
Student Name: **Pupil ID:**
Principal: Caroline O'Reilly
Web Site Address: www.eurekasecondaryschool.ie

Privacy statement to support application for student enrolment

Personal Data on this Form:

The school 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, registration, administration, child welfare and to fulfil other legal obligations. Contact details will also be used to notify you of school events or activities. While the information provided will generally be treated as confidential to the school, from time to time it may be necessary for us to exchange personal data on a confidential basis with other bodies including the Department of Education & Skills, the Department of Social Protection, An Garda Síochána, the Health Service Executive, the National Education Welfare Board or with another school (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 you wish to update or access your/your child's personal data you should write to the school Principal

Data Protection Policy: A copy of the school's full Data Protection Policy is available on its website or on request from the Principal. The School Data Protection Policy contains details of the school's Retention Policy for student data.

Having read the above statement I consent to the use of the personal details of the above named student by this school.

Signed _____ (Parent/Guardian) _____ (Parent/Guardian)

Date: _____

Declaration

P-POD Student Personal Data Protection Statement

School Name: Eureka Secondary School

School Roll No : 64410F

Student Name:

Pupil ID:

Privacy statement to support student data recorded on the Post-Primary Online Database (P-POD) which is hosted by the Department of Education and Skills.

The post-primary Online Database (P-POD) is a central database hosted by the Department of Education and Skills which the school uses to maintain details of students enrolled and from which the Department extracts some data for its purposes.

The Department of Education and Skills is a data controller under the Data Protection Acts 1988 and 2003 for the personal data stored on P-POD. Personal data in this context excludes data on your child's family contacts and medical conditions. Personal data recorded on P-POD is required by the Department for the purposes of allocating teaching posts and funding to your child's school, processing entries for the Junior Certificate or Leaving Certificate as appropriate and for planning, policy development and statistical analysis.

The Department is also a data processor under the Data Protection Acts 1988 and 2003. This means that it processes data on behalf of your child's school on family contacts and medical conditions. These latter categories of data are encrypted on the database and are only visible to your child's school. Data on family contacts and medical conditions are not visible to the staff of the Department.

While all information on the database is treated as confidential the Department shares some data, excluding family contact and medical conditions data, recorded on P-POD with the State Examinations Commission (in respect of entrants for the State examinations), the Department of Social Protection (so that PPS numbers can be validated), with the Educational Research Centre (in respect of 15 year olds for educational research purposes) and the Central Statistics Office (in accordance with the Statistics Acts). Should you wish to update or access your/your child's personal data you should write to the school Principal.

Retention of Data

Data on the post-primary Online Database (P-POD), excluding data on family contacts and medical conditions, will be archived by the Department when your child leaves post-primary education. The data on family contacts and medical conditions will be deleted when your child leaves post-primary education. Data archived by the Department will be retained in the public interest by the Department as a national historical record of enrolments in the Irish schools system. This archived data may be accessed in an anonymised or aggregate format for bona fide research purposes. The individual archived student records may only be accessed by the student themselves or in compliance with statutory or other legal requirements.

Details of the data accessed by the Department, the purposes for which it may be used, third parties with which some data may be shared and the retention policy can be found in the Department's Fair Processing Notice for the post-primary Online Database at www.education.ie. A hardcopy of the Fair Processing Notice may be obtained from your child's school on request.

Having read this privacy statement I consent to the use by the Department of Education and Skills of the personal data of the above named student.

Signed _____ (Parent/Guardian) _____ (Parent/Guardian)

Date: _____