



Office Use: Date received:

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Kells, Co Meath.
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www.eurekasecondaryschool.ie

First Year Registration Form 2014/2015

SURNAME: _____ CHRISTIAN NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ PUPIL'S PPS NO: _____

EMAIL ADDRESS: _____

MOBILE NO FOR RECEIVING TEXT MESSAGE FROM SCHOOL: _____

Mothers' Name:	Fathers' Name:
Mothers' Maiden Name:	
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile Phone:	Mobile Phone:
ADDRESS: (if different from above)	ADDRESS: (if different from above)

NAME & ADDRESS OF PERSON(S) TO WHOM CORRESPONDENCE SHOULD BE SENT:
(if different from above)

NAME & PHONE NO. OF PERSON(S) WHO CAN BE CONTACTED IN AN EMERGENCY:

PRIMARY SCHOOL ATTENDED 2013/2014: _____

SISTERS ATTENDING EUREKA (Past or Present): _____

NUMBER OF CHILDREN IN FAMILY: _____ POSITION IN FAMILY: _____

FAMILY DOCTOR: _____ CONTACT NO: _____

NATIONALITY: _____ RELIGION: _____ MEDICAL CARD: YES NO

HAS THE STUDENT ATTENDED LEARNING SUPPORT IN PRIMARY SCHOOL? YES No

HAS THE STUDENT A PSYCHOLOGICAL REPORT? YES NO

PLEASE INDICATE IF YOUR CHILD HAS ANY SERIOUS MEDICAL CONDITION THAT MIGHT AFFECT HER STUDIES AND/OR ATTENDANCE AT SCHOOL:

Please enclose photocopy of Birth Cert with application & psychological report if any. All parts of this form must be completed. Failure to do so will invalidate the application. PPS number must be included. Forms to be returned to the school secretary no later than **1pm on Fri. 13th Dec 2013** PLEASE TURN OVER & COMPLETE



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DEPARTMENT OF
EDUCATION AND SKILLS

Consent Form for Sensitive Personal Data for the School's October Return to the Department of Education and 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: _____

Name of Parent/Guardian: _____

Name of Student: _____

Class year of student _____

1. **Where your child is currently 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*

Signed: _____
Parent/Guardian/Student

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.