



**St. Bernadette's Senior N.S.**

Quarryvale,  
Clondalkin,  
Dublin 22,  
D22PW58

(01) 6267116

office@bernadettes.ie

Roll no: 19785U

Under the patronage of Most Rev. Dermot Farrell, Catholic Archbishop of Dublin

## CONSENT FORM

- Please read the following list of consent statements carefully and tick the relevant box.
- If you have any concerns regarding any of the items below please contact the principal.
- As always, you will be notified separately of 'once off' occasions such as school tours.



I/We hereby agree to the following statements	Yes	No
<b>Code of Behaviour</b> I/We have read the Code of Behaviour policy. We will co-operate fully with the school in supporting this and all other policies.		
<b>Ethos</b> I/We will co-operate with the staff and support the ethos of the school.		
<b>School Records</b> I/We agree to the sharing of relevant school records (including Individual Educational Plans, attendance data, school reports and assessments) should our child transfer to another school.		
<b>Sharing</b> I/We consent to the sharing of pupil information with the Department of Social Protection, HSE, Community Health System and TUSLA and other state agencies, when required.		
<b>Local Trips</b> I/We give permission for my child to leave the school grounds to participate in any <b>local</b> educational/sporting trips which may take place during the school year. These local trips may include visits to the library, park, church, local schools etc.		
<b>Emergency</b> I/We give permission to take our child straight to hospital in the case of an emergency, if I/we cannot be contacted.		
<b>Minor Accident</b> I/We give permission for school staff to look after my/our child in school in the event of a minor accident. E.g. a fall or wetting/soiling.		
<b>Internet Access</b> I/We have read the Acceptable Use Policy for internet access and grant permission for my child to access the Internet. I understand that internet access will be used for educational purposes. I also understand that the school cannot be held responsible if the pupil gains access to any unsuitable websites.		
<b>Picture Taken</b> My/Our child may have his picture taken for our database or may be videoed while engaging in any educational, sporting or school related activity.		
<b>Published</b> /We give permission for my child's photograph or schoolwork to be published on the school website, the school Facebook page, the school Twitter account or in a media publication. <i>(No individual personal details will ever be given alongside the pupil's pictures.)</i>		
<b>Tests</b> I/We consent to the school administering diagnostic screening to analyse my child's educational progress if necessary. <i>(Tests may include the, NRIT, WIAT, Dyslexia Profile, WRAT, Dolch List, etc. The school will always contact you should any concerns arise following these tests.)</i>		
<b>Learning Support</b> I/We consent to our child being involved in team teaching or group learning support by any teacher within the school where necessary. I understand that this involve my child being taught in another classroom or SET room. <i>(You will <u>always</u> be informed if a School Support File is in place to specifically support your child's learning or if there is individual learning support taking place.)</i>		

**Charities Regulator: Registered Charity Number 20120290**



I/We hereby agree to the following statements	Yes	No
<b>Religion</b> I/We wish for our child to attend religious services during the year. This may involve mass on holy days, confession and prayer services. If you answer 'no' here, your child will be supervised when possible in another room. If this isn't possible, you may be required to collect your child from school.		
<b>CCTV</b> I/We am aware that the school has CCTV in operation for security purposes.		
<b>RSE</b> I/We wish for our child to be included in the teaching of all areas of the Relationship and Sexuality element of the Social Personal and Health Education curriculum. Full details of this will be circulated to parents each year prior to the sensitive areas being taught.		
<b>Stay Safe</b> I consent to my child's participation in the Stay Safe Programme		
<b>Outside Agencies</b> I give my permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE (school nurse, doctor, dentist etc.)		
<b>Correspondence</b> I consent to receiving correspondence from the school via the email address and mobile numbers provided as well as through the school <i>Aladdin</i> and <i>Text-A-Parent</i> .		

Is there any other information which you feel the school should be aware of?  
 You may wish to highlight your child's strengths, areas of difficulty, close friends, fears, interests etc

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**School Emergencies/Sickness/Unexpected Closures, etc.**

The following information will be used by the school in the event of:

- Your child feeling sick/unwell
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils
- An unexpected closure of the school.

**If my child gets sick, or the school has to close unexpectedly, etc**

and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of two/three other people you nominate for us to contact. We will ask this person to come and collect your child/children.

**Person the school will contact:** *(if you are unavailable)*

Name	relationship	number
		(08 )
		(08 )
		(08 )

**By signing this section, you are consenting to all aspects of this enrolment form.** Date: \_\_\_/\_\_\_/ 20\_\_\_

**Signed:** \_\_\_\_\_  
 Parent / guardian 1 Parent / guardian 2

*If you wish to withdraw consent/ opt out of any of the above arrangements, please inform the school in writing. The school will consider all data and consents on this application as valid until otherwise notified. All data gathered will comply with our GDPR responsibilities.*

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