



St. Benin's National School

**REGISTRATION FORM [2026 - 2027]**

Uimhir Rolla: 18636v

Please complete in <b>BLOCK CAPITALS</b>	<b>CLASS:</b>
<b>Pupil's Name:</b>	<b>Name in Irish: (Optional)</b>
<b>Date of Birth:</b>	<b>Male/Female</b>
<b>P.P.S. Number:</b>	<b>Country of Birth:</b>
<b>Address:</b>	<b>Nationality:</b>
	<b>If born outside the country, year of arrival in Ireland:</b>
<b>Eircode:</b>	<b>Languages spoken in the home:</b>
<b>Parent/Guardian Details</b>	<b>Parent/Guardian Details</b>
<b>First Name:</b>	<b>First Name:</b>
<b>Last Name:</b>	<b>Last Name:</b>
<b>Relationship to child:</b>	<b>Relationship to child:</b>
<b>Phone No (Home):</b>	<b>Phone No (Home):</b>
<b>Phone No (Work):</b>	<b>Phone No (Work):</b>
<b>Phone No (Mobile):</b>	<b>Phone No (Mobile):</b>
<b>email Address:</b>	<b>email Address:</b>

<b>Names of brothers/sisters in this school:</b>
<b>It is school policy to pass on the above information excepting Religion and Ethnicity to the Department of Education and Skills.</b>

<b>Please tick</b>	<b>Yes</b>	<b>No</b>
<b>Are there any orders or other arrangements in place governing access to or custody of your child?</b>		
<b>The school may share Personal Pupil Data with other organisations such as HSE, Tusla, An Garda Síochána, etc where there is a legal basis for doing so under GDPR.</b>		
<b>Name of Previous School/Pre-school:</b>		
<b>Address:</b>		
<b>Principal's Name: Phone No:</b>		
<b>Additional local contact names, to be contacted in emergencies [Not the same as above]</b>		
<b>Name:</b>		<b>Phone No:</b>
<b>Relationship to child:</b>		
<b>Name:</b>		<b>Phone No:</b>
<b>Relationship to child:</b>		
<b>Name:</b>		<b>Phone No:</b>
<b>Relationship to child:</b>		



**Has your child any Special Educational Needs?**

**Details:**

**Consent Form**

**We would like your permission for the following in relation to your child**

*Please tick the appropriate box and sign - Both parents/guardians please sign below*

<b>Please Tick</b>	<b>Yes</b>	<b>No</b>
<b>Activities Outside/After School</b>		
During the school year classes may undertake activities outside the school premises e.g. visiting the church, library. I consent that my child may do so.		
<b>D.T. (Digital Technology)</b>		
I give consent for my child to use the computers in the school in line with our Acceptable Use Policy.		
<b>School Website/Publications:</b> I give consent for the use of school related photographic images which include my son/daughter on the school website, school facebook page or in other school publications or displays. I understand that s/he will not be identified individually.		
<b>Dept of Education &amp; Skills</b>		

I give written parental consent to share Ethnic or Cultural Background and Religion with the Department of Education & Skills.		
<b>Medical Emergencies</b>		
I give permission for my child to receive any medical attention deemed necessary and to be taken to hospital in case of serious illness or accident.		
<b>School Policies</b>		
I have received and read a copy of St. Benin's code Code of Behaviour and agree that my child and I will abide by it.		
I agree to familiarise myself with all school policies, agree to abide by them and agree to discuss them at an appropriate level with my child.		
<b>Competitions</b>		
I give consent to allow my child to enter school competitions and for their name and date of birth to be shared with the organisers.		

I/we wish to enrol my/our child in St. Benin's National School
I/we have received and read a copy of St. Benin's Code of Behaviour Policy
Signed: Parent/Guardian Date:
Signed: Parent/Guardian Date:
<b>Both Parents/Guardians to sign</b>