St Joseph’s Adolescent School
Roll No. 20153N



**School admission privacy statement**

While your child attends St. Joseph’s Adolescent and Family Services, they will also attend St. Joseph’s Adolescent School. In order to plan appropriate teaching, we collect the following information electronically:

* Name, date of birth, PPS number, address, medical condition, subjects, and any exemptions,
* Parent/guardian name, and contact details
* Educational history

We will contact your child’s own school and, if required, their previous school(s) to collect information about their educational history.

We store all personal and sensitive information safely and securely both electronically and in hard copy. Information is destroyed within the timeframes set out in our Data Protection Policy.

For legal compliance and to protect the vital interest of the student we may share information with the State Examinations Commission, the Department of Education and Skills, the National Council for Special Education (NSCE), your child’s own school, TUSLA and the Education Welfare Officer, the Health Service Executive (HSE), the Department of Social Protection.

As part of the multi-disciplinary team, we will share information with St. Vincents Hospital, Fairview. We will also provide feedback to you regarding your child’s education.

**I consent to my child attending St. Joseph’s Adolescent school and for the information above to be accessed and processed.**

**Signature of Parent/Legal Guardian/Person acting in Loco Parentis:**

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Signature Print Name Date

**I have been informed of the above:**

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Signature of adolescent Print Name Date

**Witnessed by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Staff signature Print Name Date