



# Powerstown Educate Together National School

Roll number 20384J

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Junior Infants – 2<sup>nd</sup> Class

27<sup>th</sup> August 2014

Dear Parents/Guardians,

Welcome to Powerstown Educate Together. We hope your child enjoyed their first day in school for the 2014/2015 school year.

### Collection of your child

Your child's safety is our main priority, therefore we must know **at all times** who has permission to collect your child and/or if your child has permission to leave the school grounds without an adult.

Please complete the form below indicating who has permission to collect your child.

If, at any time, a person other than those named below is coming to collect your child, please let the class teacher know in advance or contact the school.

*We implement a strict collection policy for the protection of our pupils and families.*

### Medical and Allergy Conditions

To support the health and safety of your child, it is essential that the school is informed of any allergies and medical conditions your child may have. Please complete information overleaf in relation to your child's medical and allergy conditions.

### School Testing:

Throughout the school year your child will participate in Assessment for learning activities as well as assessment of learning activities. Some of these testing require individual withdrawal and/or withdrawal in small groups. Please sign permission slip overleaf permitting your child to participate in testing.

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Child's name: \_\_\_\_\_ Class: \_\_\_\_\_

Below are the adults who have permission to collect my child:

Signed: \_\_\_\_\_ (Parent's signature)

Name

Contact details

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

**Allergies and Medical Conditions:**

To support the health and safety of your child, it is essential that the school is informed of any allergies and medical conditions your child may have.

Please tick the boxes below and give details as required

1. Does your child have any allergies? YES NO

If YES, please give details: \_\_\_\_\_

2. Does your child have any medical conditions? YES NO

If YES, please give details: \_\_\_\_\_

**School Testing:**

Throughout the school year class teachers and our support team carry out numerous assessments on children to record their progress and evaluate teaching practices. This is an important part of our school plan and enables us to enable all pupils to reach their potential. Some tests are carried out within the classroom and others are completed in small groups or individually.

Testing includes (but is not limited to):

Junior Infants	Senior Infants	1st	2 <sup>nd</sup>	3rd	4th	5th	6th
BIAP PSAK Drumcondra Oral Language Profiles Jolly Phonics Reading Assessment	MIST Early numeracy PSAK Drumcondra Oral Language Profiles Jolly Phonics Reading Assessment PM Benchmarking	PSAK Sigma T Drumcondra Reading Test Jolly Phonics Reading Assessment PM Benchmarking	PSAK Sigma T Drumcondra Reading Test Jolly Phonics Reading Assessment PM Benchmarking	PSAK Sigma T Drumcondra Reading Test Jolly Phonics Reading Assessment PM Benchmarking	PSAK Sigma T Drumcondra Reading Test Jolly Phonics Reading Assessment PM Benchmarking	PSAK Sigma T Drumcondra Reading Test Jolly Phonics Reading Assessment PM Benchmarking	PSAK Sigma T Drumcondra Reading Test Jolly Phonics Reading Assessment PM Benchmarking

I hereby give permission for my child to be tested by class teachers and/or support teachers in accordance to the school's Teacher Assessment Strategies Policy.

Signed: \_\_\_\_\_ (Parent's signature)

I appreciate you finding the time to complete these forms and it would be much appreciated if you could return them to your child's class teacher as soon as possible.

I look forward to working with you closely over the coming year!

Is mise le meas,

  
\_\_\_\_\_  
Helena Trench (Príomóide)