



“Ní neart go cur le chéile
("Our strength is in our unity)

Application for Enrolment.

Section 1 General Information

Name of Child: _____

Date of Birth: _____ Child's PPS No _____

Nationality: _____

(In the case of dual citizenship please specify both nationalities)

Home Address: _____

Gender: Female Male

Name of Parent(s)/
Guardian(s): _____

Telephone: _____ (Home)

Father _____ Mother _____ Mobiles)

_____ (Work)

Religion: _____

Playschool attended: _____

Primary School and class attended if applicable _____

Names of sisters /brothers already attending Scoil Íosa: _____

Section 2 : Emergency Contacts

Name of Contact: _____

Telephone No: _____ (Mobile)

_____ (Home)

Relationship to Child: _____

(Childminder, Grandparent, Family friend etc.)

Section 3 : Health Information.

Name of Family Doctor: _____

Does the child experience difficulties with any of the following?

Vision: _____ Hearing: _____

Speech: _____

Are there any issues with behaviour, temperament etc? _____

If so please elaborate: _____

Has the child attended any of the following:

Educational Psychologist: _____

Speech Therapist: _____

Occupational Therapist: _____

Counselling : _____

Please attach copies of any reports from the listed or other relevant Personnel

Is the child receiving any medication: _____

Please list any condition for which the child receives medication

Section 4 : Declaration by Parent(s) / Guardian(s).

I/We, the parents / Guardians of _____, declare that the details provided on this form are true and accurate, and that all relevant information pertaining to the child has been included with this application. We agree to co operate with and support all school policies as formulated by the school authorities.

Signed : _____

Date: _____

**Please enclose a copies of the child's birth certificate and baptismal certificate
(if applicable)**

Are you willing to allow your child receive learning support if the class teacher thinks he/she would benefit ? Please tick appropriate below:

Yes

No

From time to time the pupils are taken on school trips e.g. to the library and playground. In order for your child to be included we need your permission

I give permission for my son / daughter (name)_____ to undertake school trips. I understand that they will be appropriately supervised at all times

Signed: _____ Date: _____

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. Both religion and ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil's parents /guardian to identify their child's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. All other information held on POD was deemed by the Data Protection Commissioner as non-sensitive personal data.

To which ethnic or cultural background group does your child belong (please tick one)?

(Categories are taken from the Census of Population)

White Irish	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>	Roma	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Any other Black Background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Any other Asian Background	<input type="checkbox"/>	Other (inc mixed Background)	<input type="checkbox"/>

What is your child's religion

Roman Catholic	<input type="checkbox"/>	Church of Ireland (incl Protestant)	<input type="checkbox"/>	Presbyterian	<input type="checkbox"/>
Methodist, Wesleyans	<input type="checkbox"/>	Apostolic, Pentecostal	<input type="checkbox"/>	Muslim (Islamic)	<input type="checkbox"/>
Orthodox (Greek, Coptic, Russian)	<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>	Lutheran	<input type="checkbox"/>
Atheist	<input type="checkbox"/>	Baptist	<input type="checkbox"/>	Agnostic	<input type="checkbox"/>
Other Religions	<input type="checkbox"/>	No Religion	<input type="checkbox"/>	No Consent	<input type="checkbox"/>

I consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary school my child may transfer to during the course of their time in primary school.

Signed : Parent /Guardian:_____

Date:_____

Please complete this form and return to your primary school. For further information on POD please go to the Department of Education and Skills website www.education.ie