

ENROLMENT FORM



Child's Name (as on birth cert)				Date of Birth	
Address				Eircode:	
Child's PPS No.		Home phone		Birth cert (enclosed)	[]
Nationality of Child				Emergency Name & Contact(not parents)	
Date starting School				Class	
Mother's Name				Father's Name	
Marital Status		Mother: Married [] Single [] Other []		Father: Married [] Single [] Other []	
				Medical Card Yes [] No [] (Please tick)	
Mother's Mobile				Father's Mobile	
Mother's email Please print clearly				Father's email Please print clearly	
Mother's Present Employment				Father's Present Employment	
Mother's Level of Education		Primary [] Junior Cert [] Leaving Cert [] FETAC [] Degree []		Father's Level of Education	
				Primary [] Junior Cert [] Leaving Cert [] FETAC [] Degree []	
Nationality of Mother				Nationality of Father	
Brothers / Sister(s) in this School	Name	Class	Name, Address & Phone No. of Preschool / Previous School.		
Does your son/ daughter have any allergies or medical conditions that the school should be aware of?					
In the event of an emergency, should we fail to contact you, do you give permission to the School to bring your child to a doctor or the hospital? Yes: [] No: []					
<u>IMPORTANT:</u> Has your child ever received support from any of the following? (If yes please submit most recent report).					
Psychologist Assessment		Yes []		No []	
Speech & Language Therapy		Yes []		No []	
Physiotherapy		Yes []		No []	
Occupational Therapy		Yes []		No []	
Other: Please Specify					

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 checked="" type="checkbox"/> | Any other White Background | <input type="checkbox"/> |
| Black or Black Irish -African | <input type="checkbox"/> | Black or Black Irish – Any other Black Background | <input type="checkbox"/> |
| Asian or Asian Irish - Chinese | <input type="checkbox"/> | Asian or Asian Irish | <input type="checkbox"/> |
| Other (inc. mixed background) | <input type="checkbox"/> | Irish Traveller | No consent |

Roma

What is your child's religion?

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

If Roman Catholic: Place of Baptism _____
Baptismal Cert Enclosed Yes No

'Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English?

Yes No

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

Signed: _____

Parent/Guardian

Date: _____

"We gather and process your child's personal data for the purposes of administering the education of your child. To facilitate this, we will input your child's data into the schools Management Information System, Aladdin. Aladdin is a secure software as a service application which is owned and run by Cloudware Ltd. (T/A Aladdin Schools), from where the data is only processed for the above purpose."

PLEASE NOTE YOU MUST ATTACH THE FOLLOWING:

BIRTH CERTIFICATE [] RECENT UTILITY BILL any of the following {Gas, Electricity, Telephone} []