

# Scoil Éanna

Béal Átha Beithe, Co. Mhuineacháin A75 XD83

Tel: 042 9741172 email: [oifig@scoileanna.ie](mailto:oifig@scoileanna.ie)



## Application for Admission of New Pupils

The Department of Education and Skills (DES) has developed an electronic database of primary school pupils called the **Primary Online Database (POD)** which involves schools maintaining and returning data on pupils to the DES at individual pupil level on a live system. This information will be used to validate school enrolment for grant payment and teacher allocation purposes, to follow up on pupils who do not make the transfer from primary to post primary level and for statistical reporting. The database will hold data on all primary school pupils. The database will also contain, on an optional basis, information on the pupil's religion and on their ethnic or cultural background.

**The data required for POD is marked with an asterisk \* and will only be uploaded to POD if your child is enrolled.**

In order to assist with the gathering of data please complete the form in CAPITAL LETTERS and return to the school. This form will be retained by the school.

\*Pupil's First Name: \_\_\_\_\_ \*Pupil's Surname \_\_\_\_\_

\*Gender: \_\_\_\_\_ \*Pupil Date of Birth: \_\_\_\_\_ \*Nationality: \_\_\_\_\_

Birth Certificate name if different to above: \_\_\_\_\_

\*Pupil Address: \_\_\_\_\_

\*Eircode: \_\_\_\_\_ Place of child in the family \_\_\_\_\_ (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> etc)

Language spoken at home \_\_\_\_\_ \*Religion \_\_\_\_\_

\*Mother's Maiden Surname: \_\_\_\_\_ \*Pupil PPSN: \_\_\_\_\_

Who does the child normally live with? Both parents  Mother  Father

\*Is one of the pupil's mother tongues (i.e. *language spoken at home*) Irish or English **Yes / No**

\* To which ethnic or cultural background group does your child belong? **Please tick one**

White Irish [ ] Irish Traveller [ ] Roma [ ] Black African [ ] Any other White Background [ ] Any other

Black Background [ ] Chinese [ ] Any other Asian background [ ] Other (inc. mixed background) [ ]

**The following information is required for the efficient running of the school and will not be uploaded to POD**

### Parents/Guardians

Name: (father) \_\_\_\_\_

Name: (mother) \_\_\_\_\_

Address: (father) \_\_\_\_\_

Address: (mother) \_\_\_\_\_

Mobile No. (Father) \_\_\_\_\_

Mobile No. (mother) \_\_\_\_\_

Nationality (father) \_\_\_\_\_

Nationality (mother) \_\_\_\_\_

Nominated Email address for school contact: \_\_\_\_\_

Nominated mobile number for Text-a-Parent: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Legal Guardian (if applicable): \_\_\_\_\_

Guardian's Address (if applicable): \_\_\_\_\_

Guardian's Contact No. (if applicable): \_\_\_\_\_

Emergency Name & Contact No: \_\_\_\_\_ **(Other than home/parents)**

Family Doctor: \_\_\_\_\_ Phone no: \_\_\_\_\_

Details of any illness which may affect his/her school life: \_\_\_\_\_

Does your child have any problem with speech, hearing or sight? \_\_\_\_\_

If yes, please give more details: \_\_\_\_\_

Any special needs/allergy/medical condition? \_\_\_\_\_

Any physical disabilities? \_\_\_\_\_

Has your child ever received support from HSE or other support services? \_\_\_\_\_

If yes, please give more detail \_\_\_\_\_

Is there a family history of DYSLEXIA or AUTISM? \_\_\_\_\_

If yes, please give more detail \_\_\_\_\_

Previous playschool/s attended (*include dates*) \_\_\_\_\_

If transferring school, give reason for transfer: \_\_\_\_\_

\*\* Please name the people who have permission to collect your child(ren) from school

**\*\* Please note that children will not be allowed to go home with someone who is not named above or who is not known to the school staff. (Please contact the school if there is a change)**

**Other Information** In the interest of the pastoral care of your child, it would be helpful for us to be informed regarding educational difficulties, health, bereavement, domestic circumstances etc Please contact the principal or class teacher.

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parental/Guardian Permission

Each year, we ask permission for your child to participate in certain activities. Please read carefully each of the items below and tick the relevant answer. Not all occasions may be relevant to your child this year, but they probably will be at some stage in the future. If you have any concerns regarding any of the items below, please feel free to contact the class teacher or principal.

I hereby give permission for my child in relation to the following:	(Please tick Yes/No)	
	YES	NO
1. To go on school tours, educational visits, field trips and participate in school activities, (e.g. nature walks, church visits, museum visit, matches, quizzes, choir, etc.)		
2. On occasion to have his/her photograph taken while engaging in school activities and events and used for a variety of purposes. Images may be of individuals or groups. (e.g. newspapers, school website, school Facebook page, noticeboards etc.) Do you agree to the school using your child's image in this way?		
3. To have records relating to my child (e.g. School Reports, Psychologist Reports, Assessment Test Results and any other relevant information) passed to any other school in which my child may enrol in the future e.g. New Primary School due to change of location, Post-Primary transfer.		
4. To receive support at various times from all the teaching staff in the school, and on occasion to work with a teacher in a room which is not their regular classroom. (If your child is experiencing any difficulty you will be informed separately by the class teacher.)		
5. To be taken immediately to a doctor or hospital in the case of a serious illness/accident?		
6. To prepare and participate in Sacramental Programmes in 2 <sup>nd</sup> & 6 <sup>th</sup> Class.		
7. My child's uniform being changed by an adult member of staff in the presence of another adult in the case of illness, toileting accident or a playground accident where their clothes are very wet/soiled		
8. Do you give permission for hearing & vision tests and vaccinations to be carried out by the school nurse? (Parents will always receive consent forms from the HSE school health team prior to tests and vaccines being carried out).		
9. I have read and agree to the terms of the school <b>Acceptable Internet Use Policy</b> and grant permission for my child to access the internet? Do you understand that Internet access is intended for educational purposes and every reasonable precaution will be taken by the school to provide for online safety but the school cannot be held responsible if pupils access unsuitable websites ?		

I agree to co-operate with and support the school's **Code of Behaviour** as well as all other policies and school rules in place. I am aware that Scoil Éanna will collect, process and use data relating to me and my child during the course of their time as a pupil in the school, in accordance with the school's **Data Protection Policy**. I have read and understand the above permissions. I undertake that my child will attend school punctually and regularly. I wish to enrol my child in Scoil Éanna National School.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH COPY OF BIRTH CERTIFICATE**