

Scoil Éanna

Béal Átha Beithe, Co. Mhuineacháin A75 XD83

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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 _____ (1st, 2nd, 3rd 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 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.)		
4. To be taken immediately to a doctor or hospital in the case of a serious illness/accident?		
5. To prepare and participate in Sacramental Programmes in 2 nd & 6 th Class.		
6. 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		
7. For relevant information to be shared with outside agency e.g. HSE who may require it for Medical/Dental reasons		
8. Do you give permission for Hearing & Vision tests and vaccinations to be carried out by the school nurse? (Parents will always be notified prior to tests and vaccines being carried out).		
9. I have read and agree to the terms of the school Acceptable Internet Use Policy 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