

# Scoil Mhuire an Chroí gan SmÁL

## Leenane

### Enrolment form

The department of Education and Skill 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 Dept. at individual pupil level on a live system. This information will be used to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns 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. All other data we need for the efficient running of the school. **In order to assist with the gathering of data please the form in CAPITALS LETTERS and return to the school. This form will be retained by the school.**

#### Applicant Details

\*First name; \_\_\_\_\_ \*Gender; \_\_\_\_\_

\*Surname; \_\_\_\_\_ \*PPSN; \_\_\_\_\_

\*Address; \_\_\_\_\_

\*Date of Birth; \_\_\_\_\_

#### Parent

\*Mother's maiden name; \_\_\_\_\_ \*Nationality;

\_\_\_\_\_

Phone (Home) \_\_\_\_\_ Mobile \_\_\_\_\_

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

Yes

No

\*Religion; \_\_\_\_\_

Do you consent to uploading data relating to religion to POD 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 mixed background [ ]

Do you consent to uploading data relating to ethnicity to POD Yes  No

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

E-mail; \_\_\_\_\_

Mothers name; \_\_\_\_\_ Phone (home & mobile) \_\_\_\_\_

Father's name; \_\_\_\_\_ Phone (home & mobile) \_\_\_\_\_

Has your child been baptised? Yes  No

**Previous Education**

Year	School	Address	Class

I do/do not give permission for my child to receive additional help from Learning Support in school. (Parents will be notified should it be recommended that their child would benefit from LS.)

**Special Needs**

Has your child been assessed by,

Education psychologist Yes  No

Speech therapist Yes  No

Occupational therapist Yes  No

Other please specify

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special education needs Yes  No

Please specify

\_\_\_\_\_  
\_\_\_\_\_

**Medical**

1. Does your child suffer from any illness that the school should be aware of?

Yes  No

Please specify

\_\_\_\_\_

2. Does your child suffer from any allergy that the school should be aware of?

Yes  No

Please specify

\_\_\_\_\_

3. Does your child require any medication that the school should be aware of?

Yes  No

Please specify

\_\_\_\_\_

**Emergency Contact Numbers.**

Doctor's name & contact number

\_\_\_\_\_

Please list at least 2 emergency contact names/numbers (other than those overleaf) whom the school can contact in the event of an emergency.

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

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

Please answer Yes or No to the following.

Our child can be taken to hospital in case of emergency if we cannot be Contacted

Yes  No .

Inclusion of our child's photographs on our school website. Yes  No

Inclusion of our child's photographs in a local/national newspaper. Yes  No

Information may be shared with other agencies that require it. Yes  No

Use of a nominated mobile number by the school for Text-a-parent and emergencies  
please nominate one mobile number \_\_\_\_\_