**Enrolment Form**

**Son’s Name (As On Birth Cert)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Eircode:\_\_\_\_\_\_\_\_\_\_\_**

**PPSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Languages Spoken at Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Playschool/School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you any other sons in our school?\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you any daughters in Donacarney GNS?\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Name & Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Name& Contact 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please attach a copy of your son’s birth cert or passport for DOB verification.**

**Has your son received any of the following: Physiotherapy:** **▢ Speech&Language Therapy▢ Occupational Therapy: ▢ Psychological Assessment** **▢**

**Please attach copies of relevant reports**

**Please state if your son has any medical conditions/allergies we should be aware of**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents’ Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Office Use Only: Date received: Additional docs received:**

The Department of Education and Skills has an electronic database of primary school pupils called the Primary Online Database (POD). This will give the department access to information that will enable it to provide grants and resources to schools and plan for future provision in specific areas. Both religion and ethnic cultural background are sensitive personal data categories under Data Protection Legislation. While these questions are optional, they are useful to the department for statistical and research purposes.

**Special category data**

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

(Categories based on the Census of Population)

White Irish □ Irish Traveller □ Roma □ Any other White Background □

Black or Black Irish - African □ Black / Black Irish - Any other Black Background □

Asian or Asian Irish – Chinese □ Asian or Asian Irish - Any other Asian background □

Other (inc. mixed background) □ No consent □

## What is your child’s religion?

Roman Catholic □ Jewish □ No Religion □

Muslim (Islamic) □ Church of Ireland (Anglican) □

Orthodox (Greek, Coptic, Russian) □ Christian Religion (not further defined) □

Apostolic or Pentecostal □ Other Religions □

Hindu □ Presbyterian □

Atheist □ Baptist □

Buddhist □ Protestant □

Jehovah’s Witness □ Methodist,Wesleyan □

Lutheran □ Agnostic □

Evangelical □ No Consent □

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

### Yes □ No □ No Consent □

### Mother’s Birth Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I consent for the special category data in the two questions and the personal category data question 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian