

Application for Enrolment

The Department of Education and Skills 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 is needed for the efficient running of the school. **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.**

Section 1: The Child

* Pupil First Name: _____ *Pupil Surname: _____

* Birth Cert First Name (if different from above) _____ * Birth Cert Surname (if different from above) _____

* Pupil Address _____
Eircode _____

* Date of Birth: _____ *PPSN _____ * Gender Male [] Female []

*Pupil's Nationality _____ * Mother's maiden name _____

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

* Religion _____ Place of Baptism (if applicable) _____

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 [] Any other White Background []

Black or Black Irish – African [] Black or Black Irish – any other black background [] Asian or Asian

Irish – Chinese [] Other – including mixed background []

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

Previous School or Playschool attended _____

Names of brothers/sisters in the school _____

Information in section 2 is required for the efficient running of the school and will not be uploaded to POD

Section 2: The Parents/Guardians

Mother's/Guardians Name _____ Home Telephone No. _____
Nationality: _____ Mobile No. _____
Address: _____ Work Telephone No. _____
Occupation _____ E-mail _____

Father's/Guardians Name _____ Home Telephone No. _____
Nationality: _____ Mobile No. _____
Address: _____ Work Telephone No. _____
Occupation _____ E-mail _____

Section 3: Health

Child's Doctor _____ Phone No. _____

Medical Card No. _____

Has your child ever attended: (a) Speech Therapist (b) Occupational Therapist
(c) Psychologist (d) Counselling (e) other (give details)

If "yes" a copy of reports should be given to the school.

Most recent appointment: Date: _____

Is your child allergic to any medicines/substances? _____

If yes please give details: _____

Does your child have any physical or emotional problems, which might affect his/her ability to learn and/or to interact with the staff and students? Yes ____ No ____

If "yes" please specify: _____

In the event of an illness, whom should we contact? _____

It is essential that we have a phone number of someone we can contact in an emergency, if you are not available

| Name | Phone No. | Relationship to Child |
|---------|-----------|-----------------------|
| 1 _____ | _____ | _____ |
| 2 _____ | _____ | _____ |
| 3 _____ | _____ | _____ |

Section 4: Declaration by Parents/Guardians

I wish my child to be included in:

- The Relationship and Sexuality Education (RSE) lesson as part of the Social, Personal and Health Education Primary school curriculum.
- Accessing the internet and I authorise the publication of my child/children's name, work and/or photograph in any publication and on the internet. Children's names will not be published with photographs.

I agree to abide by procedures in the following policies which are available from our website www.caimns.ie.

A) Anti-Bullying Policy B) Code of Behaviour C) Internet Usage Policy

I further undertake that he/she will comply fully with all School Rules in Caim National School.

I consent that my child's teacher(s) may be informed of all relevant information of a social, personal, health or education nature, in relation to my child (as he/she passes through the school system).

I consent to the administration of all relevant screening tests to the above named pupil.

I consent to my child participating anonymously in education research studies.

I consent to have my child's name and/or photograph given to relevant bodies authorised by the school during his/her time at Caim National School e.g. local newspaper or in church at times of Sacraments.

I consent to be Garda Vetted prior to helping out with school activities Yes ___ No ___

N.B. If you wish your child to be **excluded** from **any** of the above, please inform the school on enrolment of your child.

I certify that the information I have given in this form is correct. I confirm that I have received and read a copy of the Code of Behaviour and a copy of the School Internet Usage Policy.

Parent's/Guardians Signature(s) _____

Date: _____

Please return this form to the school, with your child's **long form Birth Certificate**.

School reports will be communicated to parents/guardians as per enrolment form unless the school is informed otherwise.

It is assumed, by our staff, in the absence of written notification to the contrary, that any person who collects your child/children has been authorised to do so.

N.B. All information furnished shall be treated in the strictest of confidence by all school staff. Information given on this form will be computerised and held under Data Protection Acts 1998 and 2003 for use in the provision and administration of educational services only.