

**Enrolment Form for 2024 – 2025 (Sheet 1)**

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| **Child’s Name:** | **Date of Birth:** |
| **PPS No:** | |
| **\*Please enclose an *Original Birth Certificate* for your child.** *We will photocopy and return* | |
| **Parent(s) Details:** | |
| **Father’s Name**: | **Mother’s Name:** |
| **Address:** | **Address:** |
|  |  |
|  |  |
| **Mobile:** | **Mobile:** |
| **Home** | **Home** |
| **Work:** | **Work** |
| **Email Address:** please list one email below that we can use for school correspondence | |
|  | |
| **Child Minder/Child Care** | |
| **Name:** | |
| **Address:** | |
| **Phone No:** |  |
| **Emergency Contact**  In case of accident, illness, unplanned school closing & we cannot reach contacts above | |
| **Name:** | |
| **Address:** | |
| **Phone No:** |  |
| **Website** [**www.corrandullans.info**](http://www.corrandullans.info) **Photo Permission:** Maywe use photos including your child on our website (groups only, no names) Please tick your preference below | |
| **Yes, I give my permission: No, I do not give my permission:** | |



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| **Siblings:** Names of brothers/sisters currently attending our school. |
|  |
| **Playschool** |
| **Playschool Name/Address:** |
| **Years Attended:** |
| **Transfer from another Primary school** |
| **Name of previous Primary School:** |
| **Class:** |
| **Reason for Transfer:** |
| **Development & Learning:** If applicable, please list any concerns arising and/or assessments e.g. Speech & Language, Behavioural, Occupational Therapy or Psychological |
|  |
| **Health:** Please list any information about your child’s health, speech, vision, hearing, diet/allergies of which the school should be aware. |
|  |
| **Legal Orders:** Please give details of any legal orders of which the school should be aware. |
|  |
| **Father’s Signature:** **Mother’s Signature:** |
| ***Please note that in an emergency,*** if we cannot contact any of the people listed, we will contact the first available doctor. Information is for school use and will not be made available to any third party without seeking permission. Information given on this form may be stored electronically. If there are changes to any of the above information in the future please let us know immediately. Queries welcome via school office (091-791093).  *Please return the completed form to the school as soon as possible****.*** |
| **Míle Buíochas, Sinéad Keenan**  ***Principal, January 2024*** |

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**Sheet 3**

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database.  Both religion and ethnic and cultural background are special category data under the General Data Protection Regulation (GDPR). These questions are ***optional.*** While these questions are optional, the information would be very useful to the Department for statistical and research purposes. Aggregated information on Ethnic/Cultural background will be used to track the progress of these groups, and to compare their progress with other groups, thereby identifying gaps in the system and assisting in the development and implementation of appropriate policies and interventions. Aggregated information on religion will be used for statistical purposes only. Parents/guardians are asked, if they wish to do so, to identify their children’s religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills.  This page of the form will be retained by your primary school.

**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 or 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 **🞏** Church of Ireland (Anglican) **🞏** Presbyterian **🞏**

Methodist, Wesleyan **🞏** Jewish **🞏** Muslim (Islamic) **🞏**

Orthodox (Greek, Coptic, Russian) **🞏** Apostolic or Pentecostal **🞏** Hindu **🞏**

Buddhist **🞏** Jehovah's Witness **🞏** Lutheran **🞏**

Atheist **🞏** Baptist **🞏** Agnostic **🞏**

Christian Religion (not further defined) **🞏** Protestant **🞏** Evangelical **🞏**

Other Religions **🞏** No Religion **🞏** No Consent **🞏**

***I consent for the special category in the two questions above 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**