



## **BELCLARE NATIONAL SCHOOL ENROLMENT FORM**

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 we need 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.**

Year in which pupil is being enrolled \_\_\_\_\_

\*Pupils first Name; \_\_\_\_\_ \*Pupils Surname; \_\_\_\_\_

\*Birth Cert First name (if different from above) \*Birth Surname (if different from above)

\_\_\_\_\_  
\*Home Address: \_\_\_\_\_

\*Date of birth: \_\_\_\_\_ \*PPSN No; \_\_\_\_\_ \*Gender Male ( ) Female ( )

\* Nationality \_\_\_\_\_ \* Religion \_\_\_\_\_

\*Mother's name: \_\_\_\_\_ \*Mother's Maiden Name \_\_\_\_\_

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

**Do you consent to uploading date 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 (inc. mixed background ( )

**Do you consent to uploading date 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.**

**Please indicate preferred mobile number for text alerts.**

Mothers Name; \_\_\_\_\_

Occupation \_\_\_\_\_

Tel no: Home: \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

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

Father's name: \_\_\_\_\_

Occupation \_\_\_\_\_

Tel no, home: \_\_\_\_\_ Work; \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Guardian's Name (Where applicable) \_\_\_\_\_

Tel no, home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Previous school/preschool attended \_\_\_\_\_

Address of school/preschool: \_\_\_\_\_

List any problems your child may have in relation to health e.g. allergies, diabetes, epilepsy, asthma, sight, hearing, speech, nosebleeds, fainting etc.)

\_\_\_\_\_

\_\_\_\_\_

Family doctor's name and tel. no \_\_\_\_\_



List any special physical or educational requirements that your child may need

\_\_\_\_\_  
\_\_\_\_\_  
Please include any relevant medical and or psychological reports. The school should be made aware of any court order which affects the child's welfare and also of the name of any person into whose custody the child should not be given

\_\_\_\_\_  
\_\_\_\_\_  
In case of emergency and if parents/guardian cannot be contacted please list the names, addresses and phone numbers of persons who have permission to collect your child/children from school.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Tel no \_\_\_\_\_ Tel no \_\_\_\_\_

**N.B. Parents/guardians should make the above named persons aware of their role in this regard.**

**Please answer YES or NO to the following (circle as appropriate)**

<b>Our child can be taken to hospital in case of emergency if we cannot be contacted</b>	<b>YES</b>	<b>NO</b>
<b>Inclusion of our child's photographs on school website</b>	<b>YES</b>	<b>NO</b>
<b>Inclusion of our child's photographs in local / national newspapers</b>	<b>YES</b>	<b>NO</b>
<b>The information may be shared with other agencies e.g. HSE who require it</b>	<b>YES</b>	<b>NO</b>
<b>Our child's uniform being changed by adult member of staff in the presence of another adult in case of illness or toilet accident.</b>	<b>YES</b>	<b>NO</b>
<b>We consent to our child receiving support in literacy &amp; numeracy as deemed necessary</b>	<b>YES</b>	<b>NO</b>

**Signature Parent / Guardian**

**Signature Parent / Guardian**

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

**NB please ensure that a photocopy of the child's BIRTH CERTIFICATE and a photocopy of the BAPTISM CERTIFICATE are returned along with the application form.**