Completing this application form does not guarantee a place for your child in the school, see criteria in our admission policy on our school website www.belclarens.ie accordingly.

BELCLARE NATIONAL SCHOOL APPLICATION FORM (ASD CLASS)

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 adhering to GDPR guidelines.**

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: _____

*Eircode:_____

*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_____

_____

Application Form

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)

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 school website	**YES NO**
Inclusion of our child's photographs in local / national newspapers	**YES NO**
The information may be shared with other agencies e.g. HSE who require it	**YES NO**
Our child's uniform being changed by adult member of staff in the presence of another adult in case of illness or toilet accident.	**YES NO**
We consent to our child receiving support in literacy & numeracy as deemed necessary	**YES NO**
We consent to our child leaving school to take part in school tours/other outings which may involve travel by bus for the duration of their attendance in Belclare NS	**YES NO**

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.