

**Presentation Girls' Primary School,  
Maynooth,  
Co. Kildare.**

## Enrolment Form

Class Enrolling For: \_\_\_\_\_ Commencement Date: \_\_\_\_\_

**Please attach a copy of Birth Certificate and Baptismal Certificate (if applicable).**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Religion: \_\_\_\_\_ PPSN: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

Please supply one email address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Year of arrival in Ireland: \_\_\_\_\_

**Family Details**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Nationality: \_\_\_\_\_ Nationality: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Parents' Marital Status: \_\_\_\_\_  
(Married, Single, Separated, Widowed, etc.)

Legal Guardian(s) of child (if not the above): \_\_\_\_\_

Name of Sister(s) in the school: \_\_\_\_\_ Class(es): \_\_\_\_\_

**Please supply an alternative name and contact number(s):**

Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

The school has my permission to contact and/or leave my child with the above named person.

Yes

No

**Medical Details**

Doctor: \_\_\_\_\_

Tel: \_\_\_\_\_

Does your child have any serious illness and/or allergies e.g. nut allergy, asthma etc. that we need to be aware of (please give details).

Does your child need to take medication during the school day:

Yes

No

*If 'yes' please read and familiarise yourself with the school's 'Administration and Medicines Policy' available on the school website or a hard copy by request from the secretary's office.*

Has your child ever been referred to an agency providing Psychological/Psychiatric Services (e.g. Network Disability Team, CAMHS, Speech & Language Therapist, Eye/Ear Specialist, etc?)

Yes

No

Details: \_\_\_\_\_

**Education**

Name of Playschool attending/due to attend: \_\_\_\_\_

**Previous Primary School Attended:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

School Telephone No. \_\_\_\_\_ Principal's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Is/has your child been in receipt of any of the following services?

Learning Support Y  N

English Language Support Y  N  (If yes, for how long \_\_\_\_\_)

Resource Teaching Y  N

Special Needs Assistant' Support Y  N

***Please attach school reports/records from previous school(s)***

Please ensure that this section has been signed by the principal of the previous primary school.

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Consents

Do we have your permission to contact a doctor in the event of an emergency or to take your child directly to hospital, should we be unable to contact you?

Yes

No

We consent to in-school educational screening/diagnostic tests being administered to our child and follow up learning support, if deemed necessary

Yes

No

We consent to our child going on supervised out of school activities such as local walks, visits to the church/library and school tours. *(Please let us know if there is anything we need to be aware of in relation to your child's participation in any out of school activities)*

Yes

No

We consent to sharing our child's medical information with the relevant staff and school volunteers.

Yes

No

We the undersigned,

- are aware that the school teaches the Stay Safe Programme and the Relationships and Sexuality Programme (RSE) using the guidelines provided by the Department of Education & Skills' SPHE curriculum
- are aware that the information on this form will be stored on the school's data management system and the DES' Primary Online Database (POD)
- are aware that information may be shared with the HSE for scheduling health screening such as dental, hearing, vision etc.)
- have read the Code of Behaviour, School Internet Acceptable Use/School Website and Electronic Device Policies, which are available on the school website.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

The Department of Education & Skills has developed an electronic database for Primary Schools. This gives the Department access to information that enables it to provide grants and resources to schools and to plan for future provision in specific areas. The DES require a small amount of information to fully register your child on the Primary Online Database (POD). Could you please complete the form below.

**Pupil's Name as on Birth Cert:** \_\_\_\_\_

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

**Class:** \_\_\_\_\_

|   |                          |
|---|--------------------------|
| <i>Please tick just <u>one</u> box below</i>                | ↓                        |
| <b>Ethnic or Cultural Background</b>                        |                          |
| White 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)                               |                          |
| <i>I do not wish to share this information with the DES</i> | <input type="checkbox"/> |

|   |   |
|---|---|
| <i>Please tick just <u>one</u> box below</i>                    | ↓ |
| <b>Pupil Origin (before this school)</b>                        |   |
| Childcare Setting - Pre-Primary Education/Early Start Programme |   |
| Another Mainstream National Sch.                                |   |
| Special School in Ireland                                       |   |
| Private Primary School (Ireland)                                |   |
| School in Northern Ireland                                      |   |
| School abroad   |   |
| Home - Not in any school  |   |
| Other   |   |

|   |                          |
|---|--------------------------|
| <i>Please tick just <u>one</u> box below</i>                | ↓                        |
| <b>Religion</b>   |                          |
| Roman Catholic  |                          |
| Church of Ireland (inc. Protestant)                         |                          |
| Presbyterian  |                          |
| Methodist, Wesleyan   |                          |
| Jewish  |                          |
| Muslim (Islamic)  |                          |
| Orthodox (Greek, Coptic, Russian)                           |                          |
| Apostolic or Pentecostal                                    |                          |
| Hindu   |                          |
| Buddhist  |                          |
| Jehovah's Witness   |                          |
| Lutheran  |                          |
| Atheist   |                          |
| Baptist   |                          |
| Agnostic  |                          |
| Other Religions   |                          |
| No Religion   |                          |
| <i>I do not wish to share this information with the DES</i> | <input type="checkbox"/> |

Is one of the pupil's language spoken at home Irish or English?  Yes  No

Language spoken at home if not Irish or English

*I consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education & Skills and any other primary schools my child may transfer to during the course of their time in primary school.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_