

SCHOOL ENROLMENT FORM
in respect of admissions to the 2024/2025 school year

The data collected on this form is treated as private and confidential and is necessary for the safety of our pupils and the efficient running of the school as well as complying with the requirements of the Department of Education and the Primary Online Database (POD). The data required for POD is marked with an asterisk *.

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.

Note: All forms must be completed in full and returned to the school with a copy of child's Birth Certificate and Baptismal Certificate (if applicable).

OFFICE USE ONLY:

DATE OF ENROLMENT:	ENTRY CLASS:

STUDENT DETAILS:

*PUPIL FORENAME:	*PUPIL SURNAME:
*BIRTH CERT FORENAME (If different from above):	*BIRTH CERT SURNAME (If different from above):
*PPS NUMBER:	*DATE OF BIRTH:
GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	*NATIONALITY:
*Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English? (Please circle one) Yes No	*MOTHER'S BIRTH SURNAME:
PRIMARY FAMILY HOME ADDRESS AT WHICH CHILD RESIDES: (This address will be used in all written correspondence unless the school is informed otherwise.)	
EIRCODE (Must be Included)	

Number of children in the family: _____	
Position of child in family (1 st , 2 nd , 3 rd , etc.) _____	
Sibling(s) currently attending Scoil Mhuire: Yes [] No []	
If yes, please give details: _____	
Religion: _____	
Has your child been baptised? _____	
(If the answer is yes, enclose a copy of your child's baptismal certificate for their file.)	

Did your child attend preschool? _____ For how long? _____

Name of Preschool Attended: _____

Did your child attend another primary school? _____ What class are they currently in? _____

Name of School Attended: _____

Does your child have any known allergy, specific medical condition (e.g., asthma, eyesight, hearing etc.) or emotional problems which may affect him/her at school? _____

If yes, please state the name of allergy/condition and give details: _____

It is the responsibility of parent(s)/guardian(s) to notify the school of allergies/conditions so that the appropriate plan of action can be put in place.

PARENTS' DETAILS:

MOTHER'S NAME:	FATHER'S NAME:
MOBILE NUMBER:	MOBILE NUMBER:
EMAIL ADDRESS:	EMAIL ADDRESS:
OCCUPATION:	OCCUPATION:

EMERGENCY CONTACTS:

Name:	Relationship to Child:	Contact Number:

PARENTAL CONSENT FORM & ACKNOWLEDGEMENTS

We would like your permission for the following in relation to your child.

Please tick the appropriate box and sign - Both parents/guardians please sign below.

Please Tick	Yes	No
Activities Outside/After School During the school year classes may undertake activities outside the school premises e.g. visiting the church, library, community centre. Do you consent that your child may do so?		
D.T. (Digital Technology) Do you consent for your child to use the computers in the school in line with our Acceptable Use Policy?		
Photographs Do you consent to the use of school related photographic images, video appearance and sound recordings, which include your child, on the school website or in other school publications or displays, understanding that they will not be identified individually?		
Change of Clothes Do you give permission for your child's uniform to be changed by a teacher/SNA in the presence of another adult in case of illness or toilet accident?		
Medical I give permission for my child to receive any medical attention deemed necessary and to be taken to hospital in case of serious illness or accident.		
Code of Behaviour I have received and read a copy of Scoil Mhuire, Knockraha Code of Behaviour and agree that my child and I will abide by it.		
Transfer of Information Do you consent to the sharing of information regarding your child with another Primary School or Second Level School to which your child may transfer?		
Testing Standardised Testing for all children occurs annually for pupils in First Class through to Sixth Class. Screening and Diagnostic Testing occurs in all classes as recommended by the Department of Education Circular 02/05. Do you permit teachers to undertake further diagnostic testing with your child, if it is considered necessary?		

We wish to enrol our child _____ in Scoil Mhuire, Knockraha.

We declare the above information to be correct and understand that it will be treated as confidential.

Signature 1: _____ (Parent/Guardian) Date: _____

Signature 2: _____ (Parent/Guardian) Date: _____

PLEASE TAKE NOTE OF THE FOLLOWING IMPORTANT INFORMATION

POD Specific Information:

The Department of Education 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 Department at individual pupil level on a live system. 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.

For further information on POD please go to the Department of Education and Skills' website www.education.ie

The following two questions are optional.

[1] To which ethnic or cultural background does your child belong? (Please circle one)

White Irish; Any Other White Background; Irish; Traveller; Roma; Black African; Any Other Black Background; Chinese; Any Other Asian Background;
Other (incl. mixed background)

[2] What is your child's religion? (Please circle one)

Roman Catholic; Church of Ireland (incl. 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 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 any other primary schools my child may transfer to during the course of their time in primary school.

Signed: _____ Parent/Guardian Date: _____

Child Safety Specific Information:

If any of the contact details, including phone numbers, home addresses or email addresses, given in this form change it is the responsibility of the parent/guardian to inform the school immediately as it is vital to keep records up to date in case of an emergency.

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours. If there is any change in this regard or if there is any other information regarding your child's welfare, which you think may be relevant, it is very important that the school is informed immediately.

If your child has attended an Educational Psychologist, Speech and Language Therapy or Occupational Therapy please inform the school and provide a copy of the relevant reports.

Scoil Mhuire, Knockraha participates in both the Stay Safe Programme and Relationships and Sexuality Education Programme (RSE) as outlined in the schools SPHE policy.

We may share personal pupil information with other organisations such as HSE, Tusla, An Garda Síochána, etc. where there is a legal basis for doing so under GDPR.

If your child is absent for any reason, please ensure you provide the school with a written note. Once a child is absent for 20 days or more throughout the year the school is obliged to inform the National Education Welfare Board.