

The Department of Education and Sills 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. This information will be used to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns for grant payments 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 date required for POD is marked with an asterisk*. All other date 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.**

*Pupils First Name: _____

*Pupils Surname: _____

*Birth Cert First Name: (if different from above): _____

*Birth Cert Surname (if different from above): _____

*Pupils Address: _____

*Pupils Date of Birth: _____

*Pupils Nationality: _____

*Pupils PPSN: _____

*Gender Male () Female ()

*Mother's Maiden Surname: _____

*Is one of the pupils mother tongue (i.e. language spoken at home) Irish or English Yes () No ()

*Religion: _____

Do you consent to uploading data relating to /religion to POD Yes () No ()

*To which ethnic or cultural background group does your child belong (please tick one) ?

(Categories based on the Census of Population)

White Irish ()

Any other Black Background ()

Irish Traveller ()

Asian or Asian Irish – Chinese ()

Roma ()

Asian or Asian Irish ()

Any other White Background ()

Any other Asian Background ()

Black or Black Irish - African ()

Other (inc mixed background) ()

Black or black Irish ()

No consent ()

Do you consent to uploading data 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

Father's Name _____ Father's Mobile: _____

Mother's name: _____ Mother's Mobile; _____

Father's Nationality _____ Mother's Nationality: _____

Number of children in family: _____

In the event of an emergency (accident, sickness etc.,) occurring during school hours and we are unable to contact you, please give 2 other contact names and phone numbers

Name:	Number:	Relationship to Child:
(1) _____	_____	_____

(2) _____	_____	_____
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Aladdin Connect App (database used by school) Please provide the following: (only one) parents can share access code to the Aladdin App if they so wish.

Name: _____

Number: _____

Email: _____

(If you change your mobile number or home address during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency)

Medical Conditions/Allergies the school should be aware of:

Name of Doctor: _____ Phone Number: _____

Did child attend Pre-School/ Play School? Yes () No () Please give details below

Are there any medical issues/problems, concerns or development delays the school should be aware of:

Has your child ever had a psychological assessment/assessment of need? Yes () No ()

Has your child ever had a speech and language assessment? Yes () No ()

(Please supply the school with copies of any reports that have been carried out on your child)

Previous School/s Attended:

(If transferring from one school to another)

Reason for transfer: _____

Current Class _____ Intended class to which your child will be enrolled: _____

The following documents should be attached to this form to have your child fully enrolled:

Birth Certificate ()

School Report ()

Baptismal Certificate will be requested in the future, if you wish your child to take part in the Sacraments (i.e First Communion and Confirmation)

The school would appreciate any other relevant information to the well-being of your child:

Please complete the Consent page overleaf before you sign this form.

Signature of Parent: _____ Date received by school: _____

For office use only:

Enrolment Date: _____ Enrolment Number: _____

CONSENT PAGE:

Please answer YES or NO to the following (please tick as appropriate):

		YES	NO
1	We give permission for our child to partake in field trips/outing and tours of the local area during school hours with teacher supervision		
2	We give our consent to the staff of Scoil Mhuire N.s. to obtain profession medical aid for our child in the case of a medical emergency or serious injury.		
3	We give permission for our child's photograph / video to be published on the school website, on Aladdin Connect, on school Instagram page, and on our school you tube channel for specific events.		
4	We give permission for inclusion of our child's photographs and name to be included in local/national newspaper		
5	We acknowledge that we have read and accepted the Code of Behaviour and Anti Bullying Policy of Scoil Mhuire N.S. (available on our website)		
6	Our child is allowed to take part in the Relationships and Sexuality Education (RSE and Stay Safe Programmes		
7	Administration of tests by the Learning Support Teachers		
8	We will support and co-operate with the staff of the school		
9	Internet usage – under the supervision of a class teacher		

These consents will last for the length of time your child is attending Scoil Mhuire NS, Rosslare. They will be held on file in accordance with school's policy for storage of school documents, If you wish to change any of these consents please instruct the school in writing.

Policies available on our school website: scoilmhuirerosslare.ie

Admissions Policy Code of Behaviour Anti-Bullying Policy

Please read carefully:

I/We have read and understand the above named, consents and policies. We agree to abide by these Rules and will work in co-operation with the staff to ensure our child understand and keeps the rules.

Child's Name: _____

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

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