



St Joseph's Primary School, Smith's Rd., Charleville, Co. Cork  
Tel: 063-89467 Email: stjosephscs@eircom.net

## ENTRANCE FORM SEPTEMBER 2022

**\*PLEASE USE BLACK PEN & BLOCK CAPITALS FOR ENTIRE FORM\***

**CONFIDENTIAL**

<b>Child's Forename</b>			
<b>Child's Surname</b>			
<b>Child's Name as on Birth Cert</b>			
<b>Date of Birth</b>			
<b>Male</b>	<input type="checkbox"/>	<b>Female</b>	<input type="checkbox"/>
		<b>*Child's PPS Number</b>	
<b>Home Address</b>			
		<b>Email:</b>	
<b>Home Phone</b>		<b>Mobile</b>	
<b>Nationality</b>		<b>Year of Arrival in Ireland [if not born here]</b>	
<b>Position in Family</b>			
<b>Brothers/Sisters Names</b>			
	<b>Mother</b>	<b>Father</b>	
<b>Maiden Name</b>			
<b>Name</b>			
<b>Address</b>			
<b>Contact Number</b>			
<b>Emergency Contact No.</b>			
<b>Occupation</b>			
<b>Nationality</b>			
<b>Languages Spoken at home</b>			

**Name of Legal Guardian [if applicable]** \_\_\_\_\_

<b>Name of Pre-school attended [if any]</b>	
<b>Name of Previous School attended [if any]</b>	



<b>Has your child any Special/Medical/Toileting/ Personal Care Needs?</b>	<b>YES</b>	<b>NO</b>
<i>Please give a brief outline here and contact the School immediately to make an appointment with the Principal to ensure all supports necessary are put in place:</i>		
<b>Has your child been referred to any Support Agencies At Any Time e.g. Speech Therapy, Occupational Therapy, Social Worker, Ophthalmologist, Psychologist, If so please give details;</b>		
<b>Any other useful information, for instance, list any problems the child may have in relation to health/allergies etc?</b>		
<b>Is there any Legal Order under Family Law that the school should know about?</b>		
<b>Name of Family Doctor</b>		
<b>Phone</b>		

**Pupils sometimes have to be sent home because of illness etc., please provide the school with Emergency Contact Numbers;**

<b>Name</b>	<b>phone</b>
<b>1.</b>	
<b>2.</b>	
<b>3.</b>	

**School Consent Questions;** **Yes**    **No**

Do you give permission to First Aid use of Plasters, Antiseptic wipes, bandages & cotton wool?		
Do you give permission for your child to go... on school trips under supervision during the day e.g. trips to local town park, local schools?		
....to the church?		
....carol singing?		
Do you give permission for your child to be photographed for school projects, school website, local newspapers and school related activities?		
Do you consent to the Code of Behaviour?[available on website]		



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**\*\*PLEASE NOTIFY THE SCHOOL IF THERE IS ANY CHANGE TO YOUR CHILD'S HOME ADDRESS OR CONTACT NUMBERS ANYTIME DURING THE YEAR.\*\***

**The following information is required by the Department of Education & Skills for their Primary Online Database;**

**To which Ethnic or Cultural Background Group does your child belong [please ✓ one];**

[Categories are taken from the Census of Population]

White Irish		Irish Traveller	
Roma		Any Other White Background	
Asian / Asian Irish - Chinese		Black / Black Irish - African	
Asian / Asian Irish / Any		Black / Black Irish – Any Other	
Other Asian Background		Black Background	
Other			

**What is your Child's Religion?**

Roman Catholic		Church Of Ireland	
Evangelical		Christian Religion [not further defined]	
Methodist, Wesleyan		Anglican	
Orthodox[Greek,Coptic,Russian]		Buddhist	
Atheist		Protestant	
Jewish		Apostolic, Pentecostal	
Jehovah's Witness		Presbyterian	
Muslim [Islamic]		Hindu	
Lutheran		Agnostic	
Baptist		No Religion	
No Consent			

<b>Is one of the Pupils Mother Tongues [i.e. Language spoken at home] Irish or English?</b>	<b>Y</b>	<b>N</b>
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**I consent for the sensitive personal data in the questions above to be stored on the Primary Online Database [POD] and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.**

**Signed:**\_\_\_\_\_.

**Parent/Guardian**

**Date:**\_\_\_\_\_.



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For further information on POD please go to the Department of Education & Skills' website [www.education.ie](http://www.education.ie)

**N.B. Please Enter Your Preferred Mobile Number For Our TextAParent Message Service**[Alerts for unforeseen school closures and events]

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**\*Please ensure this number is valid and current as we may need to contact you as a matter of urgency regarding your child.\***

**Please notify the school immediately with changes to this number or address.**

Class Year your child is entering;

Junior Infants	Senior Infants	First Class

**Please ensure that you have included the following with your application;**

<b>*Fully completed Entrance Form</b>	
<b>*Copy of Child's Birth Certificate</b>	
<b>*Copy of Child's Passport- if available</b>	
<b>*Report from previous School/Pre-School</b>	

**\*PLEASE DO NOT FORGET TO ATTACH A COPY OF ALL ASSESSMENTS RELATING TO YOUR CHILD'S DEVELOPMENT AND/OR NEEDS.\***

**ENTRANCE FORMS TO BE COMPLETED & RETURNED TO THE SCHOOL IMMEDIATELY**