**ENTRANCE FORM SEPTEMBER 2024**

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

***CONFIDENTIAL***

|  |  |
| --- | --- |
| **Child’s Forename** |  |
| **Child’s Surname** |  |
| **Child’s Name as on Birth Cert** |  |
| **Date of Birth** |  |
| **Male** |  | **Female** |  | **\*Child’s PPS Number** |  |
| **Home Address** | **Email:** |
| **Home Phone** |  | **Mobile** |  |
| **Nationality** |  | **Year of Arrival in Ireland [if not born here]** |  |
| **Position in Family** |  |
| **Brothers/Sisters Names** |  |  |
|  |  |  |
|  | **Mother** | **Father** |
| **Maiden Name** |  |  |
| **Name** |  |  |
| **Address** |  |  |
| **Contact Number** |  |  |
| **Emergency Contact No.** |  |  |
| **Occupation** |  |  |
| **Nationality** |  |  |
| **Languages Spoken at home** |  |  |

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

|  |  |
| --- | --- |
| **Name of Pre-school attended [if any]** |  |
| **Name of Previous School attended** **[if any]** |  |

|  |  |  |
| --- | --- | --- |
| **Has your child any Special/Medical/Toileting/ Personal Care Needs?** | **YES** | **NO** |
| ***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:*** |
|  |
| **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;** |
|  |
| **Any other useful information, for instance, list any problems the child may have in relation to health/allergies etc?** |
|  |
| **Is there any Legal Order under Family Law that the school should know about?** |
|  |
| **Name of Family Doctor** |  |
| **Phone**  |  |

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

|  |  |
| --- | --- |
| **Name** | **phone** |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**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] |  |  |

**\*\*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 |  |  |  |
| **Is one of the Pupils Mother Tongues [i.e. Language spoken at home] Irish or English?** | **Y** | **N** |

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

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]

|  |  |
| --- | --- |
| 0\_\_ \_\_ | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |

**\*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;**

|  |  |
| --- | --- |
| **\*Fully completed Entrance Form** |  |
| **\*Copy of Child’s Birth Certificate** |  |
| **\*Copy of Child’s Passport- if available** |  |
| **\*Report from previous School/Pre-School** |  |

**\*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**