

# ENROLMENT FORM



Child's Name (as on birth cert)				Date of Birth	
Address					
Child's PPS No.		Home phone		Birth cert ( <i>enclosed</i> )	[ ]
Nationality of Child			Alternative Contact Name & Number in case of emergency		
Date starting School			Class		
Mother's Name			Father's Name		
Marital Status	Mother: Married [ ] Single [ ] Other [ ]	Father: Married [ ] Single [ ] Other [ ]	Medical Card Yes [ ] No [ ] (Please tick)		
Mother's Mobile			Father's Mobile		
Mother's email Please print clearly			Father's email Please print clearly		
Mother's Present Employment			Father's Present Employment		
Mother's Level of Education	Primary [ ] Junior Cert [ ] Leaving Cert [ ] FETAC [ ] Degree [ ]	Father's Level of Education	Primary [ ] Junior Cert [ ] Leaving Cert [ ] FETAC [ ] Degree [ ]		
Nationality of Mother			Nationality of Father		
Brothers / Sister(s) in this School	Name	Class	Name, Address & Phone No. of previous school / Preschool.		
Does your son/ daughter have any allergies or medical conditions that the school should be aware of?					
In the event of an emergency, should we fail to contact you, do you give permission to the School to bring your child to a doctor or the hospital? Yes: [ ] No: [ ]					
<p><b>IMPORTANT:</b>  <b>Has your child ever received a Psychological Report? (If yes please submit most recent report).</b>  <b>Does your child receive any of the following:</b></p> <p>Speech &amp; Language Therapy      Yes [ ]      No [ ]          Physiotherapy      Yes [ ]      No [ ]          Occupational Therapy      Yes [ ]      No [ ]</p>					

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

**(Categories are taken from the Census of Population)**

- |                                |                          |   |                          |
|--------------------------------|--------------------------|---|--------------------------|
| White Irish                    | <input type="checkbox"/> | Any other White Background                        | <input type="checkbox"/> |
| Black or Black Irish -African  | <input type="checkbox"/> | Black or Black Irish – Any other Black Background | <input type="checkbox"/> |
| Asian or Asian Irish - Chinese | <input type="checkbox"/> | Asian or Asian Irish – Any other Asian background | <input type="checkbox"/> |
| Other (inc. mixed background)  | <input type="checkbox"/> | Irish Traveller                                   | <input type="checkbox"/> |
| Roma                           | <input type="checkbox"/> | No consent  | <input type="checkbox"/> |

**What is your child's religion?**

- |                                   |                          |                                      |                          |                 |                          |
|-----------------------------------|--------------------------|--------------------------------------|--------------------------|-----------------|--------------------------|
| Roman Catholic                    | <input type="checkbox"/> | Church of Ireland (incl. Protestant) | <input type="checkbox"/> | Presbyterian    | <input type="checkbox"/> |
| Methodist, Wesleyan               | <input type="checkbox"/> | Jewish                               | <input type="checkbox"/> | Muslim(Islamic) | <input type="checkbox"/> |
| Orthodox (Greek, Coptic, Russian) | <input type="checkbox"/> | Apostolic or Pentecostal             | <input type="checkbox"/> | Hindu           | <input type="checkbox"/> |
| Buddhist                          | <input type="checkbox"/> | Jehovah's Witness                    | <input type="checkbox"/> | Lutheran        | <input type="checkbox"/> |
| Atheist                           | <input type="checkbox"/> | Baptist                              | <input type="checkbox"/> | Agnostic        | <input type="checkbox"/> |
| Other Religions                   | <input type="checkbox"/> | No Religion                          | <input type="checkbox"/> | No Consent      | <input type="checkbox"/> |

If Roman Catholic: Place of Baptism \_\_\_\_\_

Baptismal Cert Enclosed Yes  No

'Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English?

Yes  No

I consent for this information including PPSN 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: \_\_\_\_\_