

ENROLMENT FORM 2026/2027

CHILD DETAILS:

NAME OF CHILD AS IT APPEARS ON BIRTH CERTIFICATE:

FIRST NAME OF CHILD: _____ SURNAME: _____

GENDER: _____ DATE OF BIRTH: _____

ADDRESS: _____

EIRCODE: _____

PPS NO: _____

MOTHER /GUARDIAN 1 DETAILS:

NAME: _____ OCCUPATION: _____

CONTACT NUMBER 1 _____ CONTACT NUMBER 2 _____

EMAIL ADDRESS: _____

FATHER /GUARDIAN 2 DETAILS:

NAME: _____ OCCUPATION: _____

CONTACT NUMBER 1 _____ CONTACT NUMBER 2 _____

EMAIL ADDRESS: _____

ALTERNATIVE CONTACT DETAILS:

In the case of an emergency and being unable to contact any of the above persons, please supply details of another adult with whom contact can be made:

1. NAME: _____ RELATIONSHIP _____

CONTACT NUMBERS 1 _____ 2 _____

2. NAME: _____ RELATIONSHIP _____

CONTACT NUMBERS 1 _____ 2 _____

POD (Primary Online Database)

Special category data

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

(Categories based on the Census of Population)

- | | | | |
|--|--|-------------------------------|---|
| White Irish <input type="checkbox"/> | Irish Traveller <input type="checkbox"/> | Roma <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 - Indian/Pakistani/Bangladeshi <input type="checkbox"/> | | |
| Asian or Asian Irish - any other Asian background <input type="checkbox"/> | Other, including mixed background – Arabic <input type="checkbox"/> | | |
| Other, including mixed background – All Others <input type="checkbox"/> | No consent <input type="checkbox"/> | | |

What is your child’s religion?

- | | | |
|---|---|--|
| Roman Catholic <input type="checkbox"/> | No Consent <input type="checkbox"/> | No Religion <input type="checkbox"/> |
| Muslim (Islamic) <input type="checkbox"/> | Church of Ireland (Anglican) <input type="checkbox"/> | Orthodox (Greek, Coptic, Russian) <input type="checkbox"/> |
| Christian Religion (not further defined) <input type="checkbox"/> | Apostolic or Pentecostal <input type="checkbox"/> | Other Religions <input type="checkbox"/> |
| Hindu <input type="checkbox"/> | Presbyterian <input type="checkbox"/> | Atheist <input type="checkbox"/> |
| Baptist <input type="checkbox"/> | Buddhist <input type="checkbox"/> | Protestant <input type="checkbox"/> |
| Jehovah’s Witness <input type="checkbox"/> | Methodist, Wesleyan <input type="checkbox"/> | Lutheran <input type="checkbox"/> |
| Agnostic <input type="checkbox"/> | Evangelical <input type="checkbox"/> | Jewish <input type="checkbox"/> |

Personal category data

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

- Yes No No Consent

I consent for the special category data in the two questions and the personal category data question to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Youth and any other primary schools my child may transfer to during the course of their time in primary school.

PARENT’S SIGNATURE: _____.

PARENT’S SIGNATURE: _____.

PREVIOUS SCHOOL INFORMATION

NAME OF CRECHE OR MONTESSORI: _____

NAME OF PREVIOUS SCHOOL AND REASON FOR TRANSFER:

PLEASE GIVE DETAILS OF ANY OTHER INFORMATION THAT YOU CONSIDER OF RELEVANCE. _____

MEDICAL DETAILS:

NAME OF FAMILY DOCTOR: _____ PHONE NO: _____

IN CASE OF AN EMERGENCY DO YOU CONSENT TO THE LOCAL DOCTOR TREATING YOUR CHILD:

IN CASE OF AN EMERGENCY DO YOU CONSENT TO HAVING YOUR CHILD BROUGHT TO
HOSPITAL: _____

DO YOU CONSENT TO YOUR CHILD RECEIVING MINOR FIRST AID TREATMENT FROM A MEMBER
OF STAFF IN SCHOOL: _____

PLEASE GIVE DETAILS OF ANY ILLNESSES OR ALLERGIES WHICH SHOULD BE MADE KNOWN TO
THE SCHOOL (for child's welfare): _____

SIGNED: PARENT/GUARDIAN 1: _____

PARENT/GUARDIAN 2: _____

DATE: _____