

ST NICHOLAS' N.S. - ENROLMENT FORM

Please Complete ALL SECTIONS ON BOTH SIDES of this form

SCHOOL YEAR - 20 / **CLASS LEVEL:** _____

Birth Surname: _____ Birth Forename: _____

PPSN of Pupil : _____ Date of Birth: _____ Gender: **Male / Female**
Copy of Birth Certificate is required to accompany this form

Country of Birth: _____ Nationality of Pupil: _____

Is One of the Pupil's mother tongues (spoken at home) Irish or English: Yes or No

Address : _____

Previous School _____ Class _____

Brothers/sisters or close currently in this school? _____

Have Psychological, Speech & Language, Occupational Therapy or any other assessments* **ever** been conducted on your child? YES / NO
*If yes, copies of relevant reports **MUST** be submitted along with this form.*

* Please Specify → Speech & Language Psychological Occupational Therapy

Health/Allergies: _____
A consent to the administration of medicines policy & form is available from school office for inhalers etc & must be completed if applicable

Family Doctor's Name: _____ Phone no. _____

Mother's Name _____ Mobile No. _____

Mother's Email: _____ @ _____

Father's Name _____ Mobile No. _____

Father's Email: _____ @ _____

Emergency Contact Names & Telephone Numbers -

1. Name: _____ Relationship: _____ Mobile: _____

2. Name: _____ Relationship: _____ Mobile: _____

Signature of Parents/Guardian _____ **DATE:** _____

For School Use Only

Date Received: _____ Date Confirmed: _____

Date commenced/enrolled in this school _____ Registered No. _____ Page No. _____

Class _____ Class Teacher _____

INTERNATIONAL CHILDREN PROFILE

(This information is required to ascertain need for additional English Lessons at school)

Year of Arrival of Child in Ireland: _____ Has your child attended Pre-school: YES/ NO

Has your child attended any other National school in Ireland: YES* / NO

*If Yes, Number of years in school _____

Language spoken at home? _____

Any Other Information that may be relevant :

PUPIL ONLINE DATABASE (POD)

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. Both religion and ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. **Therefore, it is necessary for each pupil's parent/guardian to identify their child's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills.** All other information held on POD was deemed by the Data Protection Commissioner as non-sensitive personal data.

To which ethnic or cultural background group does your child belong (please tick one box)?					
(Categories are taken from the Census of Population)					
White Irish		Irish Traveller		Roma	
Any other White Background		Black or Black Irish - African		Black or Black Irish - Any other Black Background	
Asian or Asian Irish -Chinese		Asian or Asian Irish - Any other Asian Background		Other (inc. mixed background)	
No Consent <input type="checkbox"/>					

What is your child's religion?

- | | | |
|--|---|--|
| Roman Catholic <input type="checkbox"/> | Church of Ireland <input type="checkbox"/>
<i>(incl. Protestant)</i> | Presbyterian <input type="checkbox"/> |
| Methodist, Wesleyan <input type="checkbox"/> | Jewish <input type="checkbox"/> | Muslim(Islamic) <input type="checkbox"/> |
| Orthodox <input type="checkbox"/>
<i>(Greek, Coptic, Russian)</i> | 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"/> |

I consent for this information 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: _____

Date: _____

Parent/Guardian/Student