

**S.S. PETER & PAUL J.N.S. APPLICATION FORM**  
In order for this form to be processed, all areas **must** be filled in.

Class level being applied for:      Junior Infants       Senior Infants       1<sup>st</sup> Class       2<sup>nd</sup> class

**1. Child's Details**

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

PPSN \_\_\_\_\_ Male  Female  Nationality \_\_\_\_\_

Address: \_\_\_\_\_ Tel.No: \_\_\_\_\_

Languages spoken at home? \_\_\_\_\_

Child's pre-school or previous school: \_\_\_\_\_

Name of family Doctor: \_\_\_\_\_ Tel.No. \_\_\_\_\_  
(emergency use only)

**2. Parent / Guardian Information**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Country of Origin \_\_\_\_\_ Country of Origin \_\_\_\_\_

Mobile Num. \_\_\_\_\_ Mobile Num \_\_\_\_\_

Preferred Email address for school communication:

\_\_\_\_\_ (in clear print)

**3. Other information**

Name of other children in the school: \_\_\_\_\_

Name of children in St. Molaga's N.S. \_\_\_\_\_

Emergency contacts who can be contacted and are available in the absence of parent(s):

Name	Phone Number	Address

<b>PLEASE NOTE AS PER ADMISSION POLICY: WHERE MISLEADING / UNTRUE INFORMATION IS GIVEN, THE APPLICATION IS CONSIDERED NULL AND VOID AND BOM RESERVES ALL RIGHTS INCLUDING WITHDRAWAL OF ANY OFFER OF A SCHOOL PLACE.</b>
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**N.N.B. Completion of this form does not guarantee a place in the school**

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**4. Additional Information**

Medical Condition / Disability : \_\_\_\_\_

Has the child been referred to any other outside agency?    Yes     No

Please list any Educational, Psychological, OT, speech and language therapy or other assessment carried out / pending / applied for / services attended since birth:

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Please list any diagnosis received from any medical professionals:

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Reports available?    Yes                       No

Have you any concerns regarding educational, behavioural or social difficulties (if yes, brief details):

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Has the pre-school / previous school expressed any concerns regarding educational, behavioural or social difficulties, (if yes, brief details):

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Allergies: \_\_\_\_\_

Medication?    Yes     No     Details \_\_\_\_\_

If child requires medication to be administered during the school day, permission must be sought from the Board of Management and an indemnity form signed.    Staff must be trained in the administration of any medication.

Fully toilet trained?    Yes     No     If no, have you a professional medical report stating diagnosed medical condition?    Yes     No

Any Legal information pertaining to child (eg, custody order, access orders, guardianship etc):

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Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

**I/we confirm that all legal guardians consent to an application being made to enrol in SS Peter and Paul JNS ?**

(Please tick one) Yes     No

**I/we consent to SS Peter and Paul JNS contacting me/us using any of the above provided communication details with regard to my child's education**

(Please tick one) Yes     No

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**Information required by the Department of Education and Skills**

The Department of Education and Skills has developed an electronic database of primary school pupils called the Primary Online Database (POD). This database holds data on all primary school pupils including their PPSN, First Name, Last Name, Name as per Birth Certificate, Mother's Maiden Name, Address, Date of Birth, Gender, Nationality, whether one of the pupil's mother tongues is English or Irish, whether the pupil is in receipt of an Exemption from Irish and if so the reason for same, whether the pupil is in receipt of Learning support and if so the type of Learning support, whether the pupil is in a Mainstream or Special Class. The database will record the class grouping / standard the pupil is enrolled in, and will also contain, on an optional basis, information on the pupil's religion and on their ethnic or cultural background.

Through this database, the Department will be able to evaluate the progress of pupils at primary level, to validate school enrolment returns for grant payment and teacher allocation purposes, to follow up on pupils who do not make the transfer from primary to post-primary level, and for statistical reporting.

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

**In order to assist with the gathering of data, please provide the optional additional information requested below, or tick "no consent" if preferred.**

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

White Irish	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>	Roma	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Any other black background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>	Other (including mixed background)	<input type="checkbox"/>
No consent	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

**What is your child's religion (please tick one)?**

Roman Catholic	<input type="checkbox"/>	Church of Ireland (including 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"/>	Agnotistic	<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:** \_\_\_\_\_ **(Parent / Guardian)**    **Date:** \_\_\_\_\_

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