SS Peter and Paul JNS Application Form

In order for this form to be processed**, all areas must be filled in. Write 'None' where relevant**

Class level being applied for: **Junior Infants** ☐ **Senior Infants** ☐ **1st Class** ☐ **2nd class** ☐

1. Child's Details

Child's Name:_____ D.O.B._____

PPSN _____ Male ☐ Female ☐ Nationality _____

Address:_____ Eircode:_____

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 Number_____ Mobile Number _____

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 S.N.S. _____

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

Name	Phone Number	Address

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.

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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:

_____

_____

Please list any diagnosis received from any medical professionals:

_____

Reports available? Yes ☐ No ☐

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

_____

_____

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

_____

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 a medical consent & plan 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):

_____

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 Youth

The Department of Education and Youth 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, Data 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 Youth website
https://www.gov.ie/en/department-of-education/

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		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 – Indian/Pakistani/Bangladeshi		Asian or Asian Irish -Any other Asian background	
Other including mixed Background – Arab		Other including mixed Background – All others		No consent	

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

Roman Catholic		Church of Ireland (Anglican)		Presbyterian	
Methodist, Wesleyan		Jewish		Muslim (Islamic)	
Orthodox (Greek, Coptic,Russian)		Apostolic or Pentecostal		Hindu	
Buddhist		Jehovah's Witness		Lutheran	
Atheist		Baptist		Agnostic	
Other Religions		No Religion		No Consent	
Christian Religion, not further defined		Protestant		Evangelical	

I consent for this information 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.

Signed: _____**(Parent / Guardian)** **Date:** _____

Signed: _____**(Parent / Guardian)** **Date:** _____

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