



# St. Tiarnach's Primary School

Roslea Road

Clones

Roll No: 20120V

Telephone: 047-51398

email: [info@sttiarnachs.ie](mailto:info@sttiarnachs.ie) Website: [www.sttiarnachs.ie](http://www.sttiarnachs.ie)

### Application for Admission of New Pupils

The Department of Education and Skills has developed an electronic database of primary school pupils called the Primary Online Database (POD) which involves schools maintaining and returning data on pupils to the Dept at individual pupil level on a live system. This information will be used to evaluate progress and outcomes 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. The database will hold data on all primary school pupils. The database will also contain, **on an optional basis**, information on the pupil's religion and on their ethnic or cultural background. **The mandatory data required for POD is marked with an asterisk \*and will only be uploaded to POD if your child is enrolled.** All other data is needed for the efficient running of the school. **In order to assist with the gathering of data please complete the form in CAPITAL LETTERS and return to the school.** This form will be retained by the school in compliance with our GDPR policy.

\* Pupil First Name: \_\_\_\_\_ \*Pupil Surname: \_\_\_\_\_

\* Pupil Address: \_\_\_\_\_

\* EirCode: \_\_\_\_\_ \* Date of Birth: \_\_\_\_\_ \*PPSN \_\_\_\_\_

\*Nationality \_\_\_\_\_ \* Gender Male [ ] Female [ ]

\*Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English? Yes [ ] No [ ]

\* Religion \_\_\_\_\_ Baptised Yes [ ] No [ ]

**Do you consent to uploading data relating to religion to POD? Yes [ ] No [ ]**

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

White Irish [ ] Irish Traveller [ ] Roma [ ] Black African [ ] Any other Black Background [ ]  
 Any other White Background [ ] Chinese [ ] Any other Asian background [ ] Other (inc. Mixed background) [ ]

**Do you consent to uploading data relating to ethnicity to POD? Yes [ ] No [ ]**

The following information is required for the efficient running of the school and will not be uploaded to POD

E-mail: \_\_\_\_\_ Home/ Work Telephone Number: \_\_\_\_\_

Previous School/ pre-school attended if applicable: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Father's Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

▪ (Unless otherwise specified Mother's mobile number will be used for text messaging service)

Child's Medical history or other diagnosed needs relevant to school: **(including any reports from HSE agencies/ assessments/ special needs diagnosis:**

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

Medication: \_\_\_\_\_

Doctor Name & Phone Number: \_\_\_\_\_

**In an emergency if parent(s)/guardian(s) cannot be contacted, please contact: (Name & Number please)  
Please ensure that you have received consent to include these numbers.**

1. \_\_\_\_\_

2. \_\_\_\_\_

Please make the school aware as early as possible of any family situation such as bereavement, or separation that could impact on your child, so that we can be as supportive as possible.

**Please read our Code of Behaviour & Anti Bullying Policy on school website before completing section below.**

- We have read and accept the 'Code of discipline': YES [  ] No [  ]
- We have read and accept the 'Anti Bullying Policy': Yes [  ] No [  ]
- **Attached GDPR Permission Form must be completed and returned with this Application Form to be considered for admission.**

Signature Parent/Guardian 1:

Signature Parent/Guardian 2:

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NB: Please ensure that a copy of the child's BIRTH CERTIFICATE is included with the Application Form. (This will be photocopied and returned to you)**

**Completed application forms should be returned to school**

## School Parental Permission Form

As part of your child's application process you are required to complete this Permission Form requesting your consent for the options listed below. This once off Permission Form is in keeping with new General Data Protection Guidelines and is a necessary part of every child's enrolment in school. (If at any stage during your child's time in school, you wish to alter any of the responses given here you should contact the principal and you will be issued with a new form to complete. As has always been our practice separate Consent Forms will be sent out for all specific events/outings where transport is required.

<b>I hereby give permission for my child in relation to the following:</b>	<b>Yes</b>	<b>No</b>
Child to be taken to hospital in case of emergency if I cannot be contacted.		
Inclusion of my child in school videos, my child's photograph or voice recording on our school website (no names attached). <i>Specific consent will be requested if it is deemed necessary/useful to include name.</i> Inclusion of your child's work on the website (may or may not have name attached) Inclusion of my child's photograph in a local/national newspaper. <i>Specific consent will be requested if it is deemed necessary/useful to include name.</i> Our school website has recently been updated. Occasionally the school or Parents' Association may upload pictures of school events. Are you happy to have yourself and other members of your family included in these pictures? No names will be attached!		
Child's uniform to be changed by adult member of staff in the presence of another adult in case of illness or toilet accident.		
Permission to walk to local amenities in town with class teacher and another adult. Occasionally during a school tour or outing to outside venue (eg Museum, Library, Garage Theatre etc.) we are asked if a group photograph can be taken by the hosts for use on their own website or for publishing in printed form in newspaper or newsletter. Do you give permission for your child to be included in such a picture? (School name may be attached but no individual names unless specific consent is requested and granted.)		
To take part in Relationship & Sexuality Education/Stay Safe Programme		
To attend the Learning Support Teacher if deemed necessary/participate in Standard Testing		
To be included in Liturgical celebrations in keeping with Catholic Ethos		

Pupil's Name: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Email: \_\_\_\_\_ (Please print clearly!)

Date: \_\_\_\_\_