St John the Baptist Boys National School, Old Road, Cashel, Co. Tipperary, E25 R259

APPLICATION FOR ADMISSION 2020/21 – Please Print Clearly

(If any details change during the year or subsequent years, please inform the school office)

| YOUR CHILD'S FULL NAME AS IT APPEARS ON HIS BIRTH CERTIFICATE | FIRST NAME: SURNAME: |
|--|-------------------------|
| NAME BY WHICH YOU'D LIKE | |
| YOUR CHILD TO BE KNOWN (IF DIFFERENT) | |
| YOUR CHILD'S PPS NUMBER | |
| YOUR CHILD'S DATE OF BIRTH | |
| YOUR CHILD'S NATIONALITY | |
| AS PER HIS/HER BIRTH CERTIFICATE | |
| YOUR CHILD'S RELIGION (IF ANY) | |
| PREVIOUS SCHOOL(S) OR PRE-SCHOOL DETAILS | |
| LANGUAGE(S) SPOKEN AT HOME | |
| YOUR CHILD'S POSITION IN YOUR FAMILY (first born, 2 ND of two children etc) | |
| CURRENT HOME ADDRESS [including Eircode] | |
| MOTHER'S FIRST & LAST NAME & CONTACT NUMBER | |
| | |
| MOTHER'S NATIONALITY | |

| FATHER'S FIRST & LAST NAME | |
|-----------------------------|--|
| & CONTACT NUMBER | |
| | |
| FATHER'S NATIONALITY | |
| | |
| | |
| WHAT NUMBER WILL WE USE | |
| WHEN SENDING TEXT | |
| MESSAGES FROM SCHOOL? | |
| WHAT EMAIL(S) CAN WE USE IF | |
| WE NEED TO CONTACT YOU IN | |
| THIS MANNER? | |
| EMERGENCY CONTACT | |
| DETAILS 1 (STATE FIRST & | |
| LAST NAME, CONTACT | |
| NUMBER & RELATIONSHIP TO | |
| THE FAMILY) | |
| | |
| EMERGENCY CONTACT | |
| DETAILS 2 (STATE FIRST & | |
| LAST NAME, CONTACT | |
| NUMBER & RELATIONSHIP TO | |
| THE FAMILY) | |
| | |
| | |
| NAME, ADDRESS AND | |
| TELEPHONE NUMBER OF | |
| FAMILY DOCTOR | |
| | |
| | |
| MEDICAL ISSUES OF WHICH | |
| WE SHOULD BE AWARE (Brief | |
| outline sufficient here) | |
| Summe summerent nere) | |
| | |
| | |
| PLEASE STATE IF YOUR CHILD | |
| NEEDS MEDICATION DURING | |
| SCHOOL HOURS: | |
| | |
| | |

| LEARNING ISSUES OF WHICH | |
|---|--|
| WE SHOULD BE AWARE | |
| (Brief outline sufficient here) | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| FAMILY CIRCUMSTANCES OF | |
| WHICH WE SHOULD BE AWARE | |
| | |
| NOTE: IF YOU WANT SCHOOL | |
| REPORTS/TEXTS TO GO TO A PERSON/ADDRESS/NUMBER OTHER | |
| THAN THE DETAILS ABOVE, PLEASE | |
| WRITE NAME/ADDRESS/MOBILE HERE | |
| | |
| | |
| | |

Please tick:

- 1. In the event of an emergency, do we have permission to contact your child's doctor directly? YES \square NO \square
- 2. Do you give permission for your child to be taken straight to the doctor/hospital in case of serious illness or accident? YES
 NO
- 3. Do you consent to allow your child to take part in all the activities/tours/sports that may arise <u>outside</u> the school premises? YES \Box NO \Box
- 4. Do you consent to allow your child's photograph and/or work to be put on the school website, taken for the local newspaper, etc.? YES □ NO □
- 5. If your child is coming from another primary school within the Republic of Ireland, is she/he insured under the Pupil Personal Accident Insurance scheme? YES \Box NO \Box NOT APPLICABLE \Box

Please enclose:

- 1. Copy of Birth Certificate \Box
- 2. Primary Online Database (POD) form \Box
- 3. School report(s) [only if transferring from another primary school]

| Please sign: | | |
|---------------|-------------|-------|
| NAME (PRINT): | _Signature: | Date: |

Scoil na mBuachaillí, Naomh Eoin Baiste

Caiseal Mumhan, Co. Thiobraid Árann

St John the Baptist Boys NS, Old Road, Cashel, Co. Tipperary

Principal: Mr Will Ryan Deputy Principal: Mrs Lucy Ryan

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)?

| (Categories | are taken from | the Census o | of Popu | lation) | |
|--|-----------------|-----------------|----------|------------------|------------------|
| White Irish | Irish T | Fraveller | 0 | Roma | |
| Any other wl | hite backgrou | nd) Black | Africar | O Any other | Black background |
| Chinese | Any other As | sian backgrou | nď | Other (inc. m | ixed background) |
| No consent | \mathbf{D} | | | | |
| What is your | child's religio | on (please tick | one)? | | |
| Roman Catholic Church of Ireland (incl. Protestant) Presbyteriar | | | | | |
| Methodist, W | /esleyar⊖ | Jewish() | Muslii | m (Islamic) | |
| Orthodox (G | reek, Coptic, F | Russian)) | Apost | olic or Pentec | ostal⊖ |
| Hindu | Buddhist() | Jehovah's W | /itness(|) Luthe | ran⊖ |
| Baptist) | Atheist() | Agnostic | Other | Religions | No religion () |
| No consent |) | | | | |

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: ______

Please complete this form and return to your primary school. For further information on POD please go to the Department of Education and Skills' website www.education.ie