

Date Received: _____ (Office Only)

**St John the Baptist Boys National School, Old Road, Cashel, Co.
Tipperary, E25 V627**

APPLICATION FOR ADMISSION – Please Print Clearly

YOUR SON'S FULL NAME AS IT APPEARS ON HIS BIRTH CERTIFICATE	<u>FIRST NAME</u>	<u>SURNAME</u>
NAME BY WHICH YOU'D LIKE YOUR SON TO BE KNOWN (IF DIFFERENT)		
YOUR SON'S PPS NUMBER		
YOUR SON'S DATE OF BIRTH		
YOUR SON'S NATIONALITY AS PER HIS BIRTH CERTIFICATE		
YOUR SON'S RELIGION (IF ANY)		
PREVIOUS SCHOOL(S) OR PRE-SCHOOL DETAILS		
LANGUAGE(S) SPOKEN AT HOME		
YOUR SON'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)		
IF MOBILE NUMBERS CHANGE	DURING THE SCHOOL YEAR, PLEASE INFORM THE SCHOOL OFFICE	

NAME, ADDRESS AND TELEPHONE NUMBER OF FAMILY DOCTOR	
MEDICAL ISSUES OF WHICH WE SHOULD BE AWARE PLEASE STATE IF YOUR CHILD NEEDS MEDICATION DURING SCHOOL HOURS:	
LEARNING ISSUES OF WHICH WE SHOULD BE AWARE	
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 son's doctor directly? YES NO
2. Do you give permission for your son to be taken straight to the doctor/hospital in case of serious illness or accident? YES NO
3. Do you consent to allow your son to take part in all the activities/tours/sports that may arise outside the school premises? YES NO
4. Do you consent to allow your son's photograph and/or work to be put on the school website, taken for the local newspaper, etc? YES NO
5. If your son is coming from another primary school within the Republic of Ireland, is he insured under the Pupil Personal Accident Insurance scheme? YES NO NOT APPLICABLE

Please enclose:

1. Copy of Birth Certificate
2. Copy of Baptismal Certificate (if applicable)
3. Primary Online Database (POD) form [page 3 of this document]
4. 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 of Population)

White Irish

Irish Traveller

Roma

Any other White Background

Black African

Any other Black Background

Chinese

Any other Asian

Other (inc. mixed background)

background

No consent

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

Roman Catholic

Church of Ireland
(incl. Protestant)

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

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