

**St. David’s National School**

***Piper’s Hill Education Campus, Kilcullen Road, Naas, Co. Kildare. W91 AE26***

**Application Form** (Please complete 2 pages)

|  |  |
| --- | --- |
| **Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Academic Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Child’s Name:** | **Date of Birth:** |
| **Gender:**  *(Please tick box)* **Male Female** | **Country of Birth:** |
| **Address:**  **Eircode:** | **Number of years living in Ireland (if not born here):**  **Ethnic/Cultural Background:** |
| **Religion:**  *(Please see 2nd page for breakdown)* | **P.P.S. Number:** |
| **Brother(s) or sister(s) already attending this school:** | **Number of children in family:** |
| **Emergency contact Name and**  **Phone Number:** | **Family Doctor:**  **Phone Number:** |

|  |  |  |
| --- | --- | --- |
| **Mother’s Name and Address** | **Father’s Name and Address** | **or Guardian’s Name and Address** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Country of Birth:** | **Country of Birth:** | **Country of Birth:** |
| **Occupation:** | **Occupation:** | **Occupation:** |
| **Home Phone:** | **Home Phone:** | **Home Phone:** |
| **Work Phone:** | **Work Phone:** | **Work Phone:** |
| **Mobile Phone:** | **Mobile Phone:** | **Mobile Phone:** |
| **E-mail:** | **E-mail:** | **E-mail:** |

|  |  |
| --- | --- |
| **Has your child attended pre-school?** | **Yes / No** |
| **Name of pre-school:** | **Attended from / To:** |
| **Has your child attended another primary school?** | **Yes / No** |
| **Name of school attended:** | **Address of school:** |
| **Has your child been referred for any of the following?** *(Tick box for Yes or No)*  **(Please submit any reports with application)**  **Speech Therapy?** Yes [ ] No [ ] **Occupational Therapy?** Yes [ ] No [ ] **Hearing** Yes [ ] No [ ]  **Vision?** Yes [ ] No [ ] **Psychiatric / Psychological Assessment?** Yes [ ] No [ ] **Assessment of Needs?** Yes [ ] No [ ] | |
| **Does your child have any medical conditions / allergies?** Yes [] No []  *(If yes, please describe briefly)* | |

**Signature of Parent (s) / Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| ***For office use only***  *Date received: 4 years on : POD ID :* |
| *Registration No.:* |

**INFORMATION REQUIRED BY THE DEPARTMENT OF EDUCATION**

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.

**ETHNIC OR CULTURAL BACKGROUND**

**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 |  |
| Black or Black Irish-African |  | Black or Black Irish – Any other Black background |  |
| Any Other White Background |  | Asian or Asian Irish – Any other Asian background |  |
| Other (inc. mixed background) |  | Asian or Asian Irish - Chinese |  |
| Roma |  |  |  |

**RELIGION**

**What is your child’s religion?** *(Please tick one):*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Church of Ireland (incl. Protestant) |  | Presbyterian |  | Methodist, Wesleyan |  | Baptist |  |
| Lutheran |  | Apostolic or Pentecostal |  | Roman Catholic |  | Orthodox (Greek, Coptic, Russian) |  |
| Hindu |  | Buddhist |  | Muslim (Islamic) |  | Jehovah’s Witness |  |
| Jewish |  | Agnostic |  | Atheist |  | No Religion |  |
| Other Religions *(Please explain)* | | | | | | | |

**PLEASE READ THE FOLLOWING AND SIGN BELOW:**

***I consent for the Information on these two pages 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_