



Coiscéim Dearfach ar an
mBóthar atá Romhainn

Coolcappa National School

Coolcappa, Ardagh, Co Limerick

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Enrolment Registration Form

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 data required for POD is marked with an **asterisk** *and will only be uploaded to POD if **your child is enrolled**. All other data we need for the efficient running of the school. **In order to assist with gathering of data please complete the form in CAPITAL LETTERS and return to the school. This form will be retained by the school.**

PUPIL'S PERSONAL DETAILS (*FOR POD):		
*Pupil First Name:		
*Pupil Surname:		
*Birth Cert First Name: (if different from above)		
*Birth Cert Surname: (if different from above)		
*Date of Birth: Please supply a copy of your child's birth cert.		
*Pupils PPS No.:		
*Mother's maiden name:		
*Gender:	Male []	Female []
Pupils Nationality:		
*Pupil Address: Eircode:		

*Is one of the pupil's mother tongues (i.e. Language spoken at home) Irish or English:

Yes [] No []

*Did your child attend any pre-school facility? If so, please give details

*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 – Any other Asian Background	
Other (inc, mixed background)			

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

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

Roman Catholic		Church of Ireland	
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			

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

PERSONAL DETAILS (non POD):	
Home Telephone No.:	
Mother's Mobile No.:	
Father's Mobile No.:	
Email Address:	
Number of children in family and their ages:	
Place of child in family:	
Parental Occupation:	
Mother_____	Father_____
Is your child living with? (circle appropriate):	
Both Parents One Parent Grandparents Carers Other (Please specify)	
Who is/are the legal Guardian(s) of your child?	
MEDICAL/EDUCATIONAL:	
List any childhood illnesses:	
List any medical problems:	
Doctor Name, Address & Phone Number:	
Is your child on any medication? Yes [] No []	
If so please list:	
Can he/she administer it himself/herself? Yes [] No []	
Is there any problem with:	
Hearing Yes/No Sight Yes/No	
Does your child have any speech and language problems? Yes/No	
Is your child being seen by any Agency and if so by whom?	
Does your child show any behaviour challenges?	
How does your child separate from you?	
Are there any issues you think the school may need to know about?	

In the case of emergency and when we cannot make contact with either parent/guardian. Please give 2 alternative contacts: - names, address and contact number of persons to be contacted?

1. Name:
Address:
Contact No.:
Relationship to Parent/Guardian

2. Name:
Address:
Contact No.:
Relationship to Parent/Guardian

In case of extreme emergency do you consent to:

- (a) The local doctor treating your child
(b) Having your child brought to hospital

☐ please tick if you agree
☐ please tick if you agree

CHILD'S NEEDS:

Please state what you think your child's needs are?

Does your child have any special needs?

What do you see as the most important thing that school should help your child achieve?

ANY OTHER INFORMATION THAT YOU FEEL IS RELEVANT:

Signed 1: _____ Date: _____

Parent/Guardian

Signed 2: _____ Date: _____

Parent/Guardian