



Scoil San Carlo JNS
Application Form for Enrolment
in September 2022 Junior Infants

PERSONAL DETAILS

1. Child's First Name _____ Surname _____
2. Address _____

3. PPS number _____
4. Date of Birth ____/____/____
5. Siblings _____
6. Place in family
(*eldest, youngest, middle etc.*)

7. Religious
Denomination _____
(*Pupils of all religious denominations and none are welcome at our school*)
8. If Catholic, was your child
Baptised in Confey YES NO
9. If Catholic, do you want your child to receive the
Sacraments of Penance and First Holy Communion
 YES NO
10. Child's Nationality _____
11. Language spoken in the home _____
12. Did you child attend playschool
 YES NO
13. Please give details of pre-schools and previous schools attended

14. Mother's / Legal Guardians details
Full Name: _____
Maiden Name: _____
Nationality: _____
Home phone no.: _____
Mobile no.: _____
Email: _____
Work contact no.: _____
15. Father's / Legal Guardians details
Full Name: _____
Nationality _____
Home Phone no.: _____
Mobile no.: _____
Email: _____
Work contact no.: _____
16. Childminders Name _____
(*if applicable*)
Contact no.: _____
- Childminders Address



17. In case of Emergency / Sickness / Unexpected closures I give permission to the school personnel to contact the following people:

- | | |
|---------------|-------------------|
| 1. Name _____ | Mobile no.: _____ |
| 2. Name _____ | Mobile no.: _____ |
| 3. Name _____ | Mobile no.: _____ |
| 4. Name _____ | Mobile no.: _____ |

In case of emergency I give my permission for my child to be taken to hospital or to the schools doctor by ambulance / car,

Parent / Guardian signature: _____

MEDICAL DETAILS

18. Family Doctor: _____ Phone no.: _____

(if you wish)

Address: _____

19. Child's General Health

Does your child have any specific medical condition or allergies

YES

NO

(e.g. Asthma, Eyesight, Hearing etc.)

If YES then please provide details

It is the responsibility of Parents / Guardians to notify the school of any food allergies

20. Has your child any Special Needs / Disability / Disorder for which additional support in school may be required / recommended

YES

NO

If YES then please provide details

21. Has your child attended any Medical Specialists / Speech and Language Assessment / Educational Assessment

YES

NO

If YES then please provide details

Please note that non disclosure of this information can delay any extra support that your child might be able to access

22. Is there any other relevant information about your child which we should know



23. Do you support the wearing of the school uniform YES NO

24. I have read the following policy documents, which are available on the school website www.sancarlojunior.org, and I agree to abide by their guidelines and procedures

- Admissions Policy
- Child Protection
- Anti-Bullying
- Code of Behaviour
- RSE (Relationships and Sexuality) Policy and Plans

Parent / Guardian signature: _____

25. As part of school life your address / phone number may need to be given to the following agencies

- DES
- Tusla
- Department of Social Protection
- School Insurance Providers
- An Garda Siochana
- The school to which your child transfers

I give my consent for this transfer of information

Parent / Guardian signature: _____

26. Following routine screening, standardised testing or teacher observation, it may be necessary for diagnostic tests to be carried out with your child in order to help them with their education.

I give my permission for any diagnostic tests to be carried out with my child

Parent / Guardian signature: _____

27. I give my consent to the principal to transfer relevant information such as records and reports to San Carlo Senior National School when my child transfers to 3rd class

YES NO

Parent / Guardian signature: _____

28. I give my permission to allow my child to attend SET (Special Education Support) following discussion with the class teacher

Parent / Guardian signature: _____

29. I give my permission for my child to take part in the RSE (Relationship and Sexuality)

Parent / Guardian signature: _____

30. I give my permission for my child to take part in the Stay Safe Programme

Parent / Guardian signature: _____



31. I give my permission for my child to partake in school related outings and trips e.g. visit the local library / Church and nature walks

Parent / Guardian signature: _____

32. I give permission for my child to partake in the School Nativity which takes place in the church

Parent / Guardian signature: _____

33. I give permission for my child's work, and/or photograph to be put on the school website YES NO

Parent / Guardian signature: _____

34. I give permission for my email address to be shared with the parents from my child's class for the purpose of birthday invitations YES NO

Parent / Guardian signature: _____

The application will be considered valid when the form is completed and we are in receipt of the following

- 1. Completed Application Form
- 2. Copy of Original Birth Certificate
- 3. Two Utility Bills (proof of address)
- 4. Child's PPS Number
- 5. Two passport photographs

Parent / Guardian signature: _____

Date: ____/____/____



Scoil San Carlo J.N.S.

Confey, Leixlip, Co. Kildare

Phone: 01 6243155 Email: office@sancarlojunior.org

PUPIL ONLINE DATA (POD) Form

The department of Education and Skills is using an electronic database of primary school pupils called the **Primary Online Database (POD)** which will involve schools maintaining and returning data on pupils to the Department at individual pupil level on a live system. The database will allow the Department 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 including their PPSN, First Name, Surname, Name as per their 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 and standard the pupil is enrolled in. The database will also contain, on an optional basis, information on the pupil's religion and on their ethnic or cultural background.

In order to assist with the gathering of data please complete page one and two of this form in CAPITAL LETTERS and return the completed form to the school. The second page of this form will be retained by your primary school

Pupil's Forename: _____

Pupil's Surname: _____

Birth Certificate

Forename: _____

(if different from the name above)

Birth Certificate

Surname: _____

(if different from the name above)

Pupil's PPSN: _____

Pupil's Date of Birth: ____/____/____

Pupil's Gender: Male Female

Pupil's Address: _____

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

YES NO

County: _____

Mother's Maiden Name: _____

Nationality: _____

(in the case of dual citizenship where Irish is one, please enter Irish)



Scoil San Carlo J.N.S.

Confey, Leixlip, Co. Kildare

Phone: 01 6243155 Email: office@sancarlojunior.org

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 sensitive personal data categories under Data Protection legislation. These questions are optional.

While these questions are optional, the information would be very useful to the Department for statistical and research purposes. Aggregated information on Ethnic/Cultural background will be used to track the progress of these groups, and to compare their progress with other groups, thereby identifying gaps in the system and assisting in the development and implementation of appropriate policies and interventions.

Enhanced capitation in respect of pupils who are members of the Traveller Community will be paid to schools on the basis of the answers to this question. Aggregated information on religion will be used for statistical purposes only. Parents/Guardians as asked, if they wish to do so, to identify their children's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills.

This page of the form will be retained by your primary school.

To which ethnic or cultural background group does your child belong?

Please tick one

Categories based on the Census of Population

- | | | |
|---|---|-------------------------------|
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Irish Traveller | <input type="checkbox"/> Roma |
| <input type="checkbox"/> Any other White Background | | |
| <input type="checkbox"/> Black or Black Irish—African | <input type="checkbox"/> Black or Black Irish | |
| <input type="checkbox"/> Any other Black Background | | |
| <input type="checkbox"/> Asian or Asian Irish—Chinese | <input type="checkbox"/> Asian or Asian Irish | |
| <input type="checkbox"/> Any other Asian Background | | |
| <input type="checkbox"/> Other Including mixed background | <input type="checkbox"/> No Consent | |

What is your child's religion

- | | | |
|--|---|---|
| <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Church of Ireland (Including Protestant) | <input type="checkbox"/> Presbyterian |
| <input type="checkbox"/> Methodist, Wesleyan Orthodox (Greek, Coptic, Russian) | <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim (Islamic) |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Apostolic or Pentecostal | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Atheist | <input type="checkbox"/> Baptist | <input type="checkbox"/> Agnostic |
| <input type="checkbox"/> Other Religions | <input type="checkbox"/> No Religion | <input type="checkbox"/> No Consent |

I consent for the sensitive personal data in the two questions above 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