GAELSCOIL DHOCHTÚIR UÍ SHÚILLEABHÁIN
Gort Na Cloiche,
An Sciobairín,
Co. Chorcaí
Fón/Tel: 028 21192
Ríomhphost: gaelscoil21192@hotmail.com
Suíomh idirlín: www.gaelscoil.net

Enrolment Form / Foirm Iontrála.

The Department has developed an electronic individualised database of primary school pupils, called the Primary Online Database (POD). POD will collect individual information on each pupil, including their PPSN, address etc. The database will also contain, **on an optional basis,** information on the pupil's religion and on their ethnic 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 & return to school. This form will be retained by the school. Our privacy statement re: GDPR is available online. All data collected will be used /stored in accordance with this policy.**

***Name of child: _____ Gender: Male/female**

***Address: _____ *EIR Code: _____**

***Date of Birth: _____ *Birth Cert included/mandatory: Yes /No**

***PPSN (Mandatory) _____**

*** Mother's maiden name: _____**

*** Is one of the pupil's mother tongue (i.e. language spoken at home) Irish or English? Yes/No**

***Religion _____**

If Catholic has your child been baptised: Yes / No Parish: _____
(Copy of Baptismal Cert required if baptised outside Skibbereen/Rath & Islands Parish)

*** To which ethnic or cultural background group does your child belong (eg. White Irish, Irish traveller, Asian background, Black African, Other black background etc.):**
_____

The following information is required for the efficient running of the school and will not be uploaded to POD

E-mail: _____

Please nominate a mobile number which the school will use for text communication and emergencies:

Mobile: _____

Mother's name: _____ **Telephone number:** _____

Address: _____

E-Mail Address Mother: _____

Father's name: _____ **Telephone number:** _____

Address: _____

E-Mail Address Father: _____

Medical History of child: (including any relevant reports/ assessments)

_____

_____

Allergies: _____
Medication: _____
Doctor Name and Phone Number: _____

Emergency contact if parent(s) not available: _____

Telephone number of emergency contact _____

Please answer yes or no to the following (Please circle as appropriate)

- Our child can be taken to a doctor/hospital in case of emergency if we cannot be contacted: Yes No
- Inclusion of our child's photographs on school website & social media (no names to appear by photo): Yes No
- Inclusion of our child's photographs in local/national media (names must be included with photo) Yes No
- I/we are aware that the schools code of discipline is available on the school website & we agree to adhere to this code of discipline. Yes No
- Our child's uniform can be changed by an adult member of staff in the presence of another adult in case of illness or toilet accident Yes No
- My child can receive additional help from the learning support teacher. (Parents will be notified should it be recommended by staff) Yes No
- I have informed the school of any medical/educational or physical needs/reports my child has. Yes No

Should you have any concerns about the above questions do not hesitate to talk to class teacher/principal.

Custodial Parent(s) signature: _____ Date: _____

A copy of child's Birth Cert & Baptismal Cert (If applicable) must be included with this registration form.