Donard National School
Donard
Co. Wicklow
Tel/Fax 045 404884
Email donardnswicklow@gmail.com

Form of Enquiry

Name of Child_____

Gender_____

Date of Birth_____

Denomination_____

Address_____
_____
Eircode _____

PPS No. _____

Any Siblings in the School at present Yes /No
Any Siblings to Enrol 2027-2028
Names _____ **Classes**_____

Father's Name_____
Telephone No._____

Mother's Name_____
Telephone No. _____

Proposed date of entry_____

Name of Previous school*_____

*Submission of completed form does not necessarily guarantee admission
*If applicable please state school your child is transferring from.

Donard National School
Donard,
Co. Wicklow
W91 TW42
Uimhir rolla: 17920N

Príomhoide: Peter Kelly

www.donardnswicklow.ie
donardnswicklow@gmail.com
Phone 045 404884

Application for Admission of New Pupils Year 2026-2027

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 Department 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 the gathering of data please complete the form in CAPITAL LETTERS and return to the school. This form will be retained by the school.**

* Pupil First Name: _____ *Pupil Surname: _____

* Birth Cert First Name (if different from above)   * Birth Cert Surname (if different from above)
_____   _____

* Pupil Address: _____Eircode_____

* Date of Birth: _____ *PPSN _____   * Gender   Male [ ]   Female [ ]

* Mother's maiden name _____ * Child's Nationality _____

*Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English   Yes [ ] No [ ]

* Any Siblings in the School   Yes / No
* Any Siblings to Enrol 2027-2028
Names _____Classes_____

_____Classes_____

* Religion _____
Do you consent to uploading data relating to religion to POD   Yes [ ]   No   [ ]
* To which ethnic or cultural background group does your child belong (please tick one)?
White Irish   [ ]   Irish Traveller [ ]   Roma [ ]   Black African   [ ]
Any other White Background   [ ]   Any other Black Background   [ ]   Chinese [ ]   Any other
Asian background [ ] Other (inc. mixed background) [ ]
Do you consent to uploading data relating to ethnicity to POD   Yes [ ]   No [ ]

The following information is required for the efficient running of the school and will not be uploaded to POD
E-mail:_____

Previous School attended if applicable:_____

Mother's Name: _____   Telephone No. _____

Father's Name: _____   Telephone No: _____

I give permission for my child to go on school outings (including tours, sporting events, school quizes and music events)
organised by the teachers and staff of Donard National School

Medical History (including any relevant reports assessments) :
_____

_____

Allergies: _____

Medication: _____

 Doctor Name & Phone Number: _____

If Parent(s)/Guardian(s) not available, please contact: _____
Please make the school aware as early as possible of any family situation such as bereavement, or separation that
could impact on your child, so that we can be as supportive as possible.

Please answer YES or NO to the following *(please circle as appropriate)***:**

- **In case of child having an accident do you give consent to your child having a plaster and antiseptic cream**
  applied to cut/graze.:   **YES   NO**
  (if your child has any allergies to antiseptic creams please let the school know about this)

- **Has your child any recognized special needs which need special provision within the school: YES   NO**
        (IF YES PLEASE PLEASE GIVE DETAILS OR CONTACT PRINCIPAL IF YOU WISH TO EXPLAIN FURTHER)

- **Our child can be taken to hospital in case of emergency if we cannot be contacted: YES   NO**

- **Inclusion of our child's photographs/ school work on our school website(i.e. photographs from school trips,**
  sporting events, school concerts and events):   YES   NO

- **We give our child permission to use the school internet under the schools Acceptance Usage Policy: YES   NO**

- **Inclusion of our child's photographs in a local/national newspaper: YES   NO**

- **The Information may be shared with other agencies e.g. H.S.E, who require it: YES   NO**

- **Our child's uniform being changed by adult member of staff in the presence of another adult in case of illness or**
  toilet accident: YES   NO

- **In case of emergency school closing, i.e. closure due to lack of heating/electricity what arrangement have you**
  made for your child?
        _____

- **Use of a nominated mobile number by the school for Text-a-Parent and emergencies. Please nominate one**
  mobile number: _____

- **We will support & co-operate with the staff of the school and agree to accept the policies and procedures put in place by the Board of Management of Donard National School   YES   NO**

Signature Parent/Guardian 1:   **Signature Parent/Guardian 2:**

_____   _____

Date: ____/____/____
Please ensure that a photocopy of the child's BIRTH CERTIFICATE are returned along with the <u>Application Form</u>.