



**Loreto Junior Primary School,  
Crumlin Road,  
Dublin 12  
Email: [Secretary@loretojunior.ie](mailto:Secretary@loretojunior.ie)  
Tel: (01) 454 1746**

## **APPLICATION FORM**

**Items marked with a \* are required for the Department of Education  
Primary Online Database (P.O.D.) and MUST be included.**

**PLEASE COMPLETE IN BLOCK CAPITALS**

\*First Name: \_\_\_\_\_ \*Surname: \_\_\_\_\_  
(First name and surname as appears on Birth Certificate)

\*Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

\* Address: \_\_\_\_\_  
\_\_\_\_\_

\*Eircode: \_\_\_\_\_

\*Nationality \_\_\_\_\_ \*\*\*PPS No.: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name, address and phone number of current school/preschool \_\_\_\_\_  
\_\_\_\_\_

Class to which your child is entering: \_\_\_\_\_ Year of entry: \_\_\_\_\_

Brothers/Sisters attending Loreto Junior Primary School: \_\_\_\_\_  
\_\_\_\_\_

Child's first language/language spoken at home: \_\_\_\_\_

**I agree to abide by the schools rules including Code of Behaviour and to support  
my child in doing likewise**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**This form Must be accompanied by a copy of birth cert or passport**

**Additional Support**

Has your child ever been assessed by an Educational Psychologist, Speech therapist or Occupational therapist or has an assessment been recommended?

Yes  No

If yes please give a copy of the report to the principal

Does your child attend learning support?

Yes  No

**Medical Consent**

Does your child suffer from any allergies? Yes No

Details \_\_\_\_\_

In the event of serious illness/accident every effort will be made to contact parents/guardians by phone. In the event that you are not contactable:

Do you agree to allow a staff member to take your child to the hospital/doctor? Yes No

Do you give permission for a staff member to sign a hospital consent form? Yes No

Doctor's Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian)

**Stay Safe/ RSE (Relationship Sexuality Education)**

I give permission for my child to participate in the SPHE (Social, Personal, Health Education programme which includes RSE and the Stay Safe programme

Signed: \_\_\_\_\_ Parent/Guardian

**School Website/Class Dojo**

I give permission for photographs of my child and their work/activities to be included on the school's website and class dojo (Surnames will not be used)

Signed: \_\_\_\_\_ Parent/Guardian

**Texts/Emails:**

We will regularly text and send emails to communicate information to you. This is to save lots of paper going home. Please ensure we have your most up to date number and email.

Child's name: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Email address: \_\_\_\_\_

## GENERAL CONSENT

I give permission for Loreto Junior Primary School to request school reports from other schools and relevant bodies to include professional reports/end-of-year reports and school attendance records.	Yes	No
I give my permission for Loreto Junior Primary School to share my child's personal information ie. Name, Address, Date of Birth, Contact Details with the Health Services Executive for the School Dental/Vision Programme.	Yes	No
I give my child permission to go on school tours and outings in the locality eg. The Church, Sundrive Park etc.	Yes	No
I give my permission for my child to have his/her photograph taken by a professional company. (There is no obligation to purchase)	Yes	No

## PRIMARY ONLINE DATABASE (P.O.D.) CONSENT for Religion/Ethnicity/Cultural Background

All pupils must be registered on the Department of Education and Skills Primary Online Database (P.O.D.). Included in this registration is a request for information regarding Religion, ethnicity and cultural background. This information is deemed sensitive by the Data Protection Commissioner.

I consent to the information I provide regarding Religion, ethnicity and cultural background to be included on P.O.D.

Yes  No

Signed: \_\_\_\_\_ Parent/Guardian

To which ethnic or cultural background group does your child belong? (Please tick one)  
Categories based on the Census of population.

White Irish	Irish traveller	Roma	
Any other white background	Black African	Any other Black Background	
Chinese	Any other Asian Background	Other (inc. mixed background)	
No Consent			

What is your child's religion?

Roman Catholic	Church of Ireland (inc. Protestant)	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	No Consent	

I consent for this information to be stored on the Primary Online Database (P.O.D.) 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: \_\_\_\_\_

