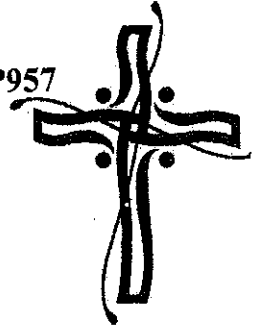


Castletown Girls' School, Castletown Road, Dundalk, Co. Louth A91 P957

Tel: (042) 9334574. Roll No: 14651U

Email: [castletowngs@gmail.com](mailto:castletowngs@gmail.com)



## Enrolment Form

### Child's Details

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Religion: \_\_\_\_\_ Received Baptism: Yes / No (please circle)

PPS Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Family members attending/attended Castletown GS \_\_\_\_\_

### Parent(s)/Guardian(s) Details

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Work No.: \_\_\_\_\_

Work No.: \_\_\_\_\_

**Email Address for Communication** \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

### Additional Details

Name and address of pre-school or previous school child attended:

\_\_\_\_\_

Phone No. of pre-school or previous school: \_\_\_\_\_

In the unlikely event of an emergency, we may need to take your child to the nearest doctor/dentist/hospital or other. Do you give us permission to do so? Yes No (please circle)

Has your child any allergies/medical conditions? E.g. asthma, diabetes Yes No (please circle)

If yes, please give details: \_\_\_\_\_

Does your child appear to have any difficulty with the following? (please circle)

Hearing: Yes No

Vision: Yes No

Speech: Yes No

Has your child ever had any type of assessment? Yes No (please circle)

If yes, please give details: \_\_\_\_\_

Do you give us permission regarding your child for the following: (please circle)

To go on school trips under teacher supervision e.g. nature walks to local parks, local historical buildings, the Church, etc. and travel

there on foot or by car/bus. Yes No

Pass contact details to the HSE for e.g. immunisation purposes, to Dept. of Education (Primary Online Data) POD and sporting bodies etc. Yes No

To publish photographs, DVD recordings and schoolwork of pupils

in the print media and on the school website. Yes No

I/We agree to the terms and the Acceptable Use Policy (AUP) and grant permission for my child to access the Internet. I/We understand that Internet access is designed for educational purposes. I/We also understand that the school cannot be held responsible if pupils access unsuitable websites, but that every reasonable precaution has been taken by the school to provide for online safety.

Parent(s)/Guardian(s) Signature(s): \_\_\_\_\_

I/We agree to co-operate with and support the school's Code of Behaviour as well as other policies that are in place.

Parent(s)/Guardian(s) Signature(s): \_\_\_\_\_

**Please inform the school if your contact details change, as soon as possible.**

The Department of Education & Skills has developed an individual database of primary school pupils, known as the Primary Online Database (POD).

Your child's first name, last name, gender PPS number, date of birth, date enrolled, address, previous school category as entered on their Request for Transfer form will transfer to POD.

Your consent is required to allow us transfer the information below to the Department of Education & Skills and any other primary schools your child may transfer to during the course of their time in primary school.

Is your child's main language spoken at home Irish or English?

Yes  No

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 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)   
No consent

What is your child's religion?

Roman Catholic  Church of Ireland  Presbyterian   
Methodist, Wesleyan  Jewish  Muslim (Islamic)   
Orthodox (Greek, Russian)  Apostolic or Pentecostal  Hindu   
Buddhist  Jehovah's Witness  Lutheran   
Atheist  Baptist  Agnostic   
Christian Religion  Protestant  Evangelical   
Other Religions  No Religion  No Consent

I consent for the special category 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](http://www.education.ie)