

Enrolment Form

St. Patrick's N.S., Frenchpark

Phone: 094 9870337 Email: info@frenchparkns.com



Application for Admission of New Pupils

Year: 2025-2026

The Department of Education and Skills has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. The information will be used 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.

Religion and ethnic and cultural background are special category data under the General Data Protection Regulation (GDPR). Mother tongue is personal category data requiring consent for collection. While these questions are optional, written consent is sought by the student's school to record this information and for the school to forward this information to the Department of Education and Skills.

The information would be very useful to the Department of Education and Skills 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. Aggregated information of religion will be used for religion statistical purposes only. Mother tongue is collected to identify, monitor and evaluate the need for English as an additional language (EAL) support. Parents/ guardians have the option to identify their children's religion, ethnic background or if mother tongue is English or Irish and to consent for this information to be transferred to the Department.

Please complete the form in **CAPITAL LETTERS**. **This form will be retained by your primary school**

Pupil Information

Field	Details
Pupil's First Name	_____
Pupil's Surname/Last name	_____
Birth Cert First Name (if different)	_____
Birth Certificate Surname/last name (if different)	_____

Field	Details
Pupil Address	_____ _____ _____
Eircode	_____
Date of Birth	(DD-MM-YYYY): _____
PPSN	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Mother's Maiden Name	_____
Pupil's Nationality	_____
Is Mother tongue English or Irish?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion	What is your child's religion? (<i>Select one option below</i>)
	Roman Catholic <input type="checkbox"/> Muslim (Islamic) <input type="checkbox"/> Christian Religion (not further defined) <input type="checkbox"/> Hindu <input type="checkbox"/> Baptist <input type="checkbox"/> Jehovah's Witness <input type="checkbox"/> Agnostic <input type="checkbox"/> Church of Ireland (Anglican) <input type="checkbox"/> Apostolic or Pentecostal <input type="checkbox"/> Presbyterian <input type="checkbox"/> Buddhist <input type="checkbox"/> Methodist, Wesleyan <input type="checkbox"/> Evangelical <input type="checkbox"/> Orthodox (Greek, Coptic, Russian) <input type="checkbox"/> Other Religions <input type="checkbox"/> Atheist <input type="checkbox"/> Protestant <input type="checkbox"/> Lutheran <input type="checkbox"/> Jewish <input type="checkbox"/> No Religion <input type="checkbox"/>
Ethnic or Cultural Background	To which ethnic or cultural background group does your child belong? (<i>Please tick one below</i>)
	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 - Any other Background <input type="checkbox"/> Asian or Asian Irish - Chinese <input type="checkbox"/> Asian or Asian Irish - Any other Asian background <input type="checkbox"/> Other (inc. mixed background) <input type="checkbox"/> No consent <input type="checkbox"/>
Consent to upload Religion and Ethnicity to POD (Pupil Online Database)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent/Guardian Information

Field	Details
Mother's Name	_____
Mother's Phone Number	_____
Father's Name	_____

Field	Details
Father's Phone Number	_____
Please indicate which phone number should receive text messages from the school	_____
Email Address	_____
Previous School (if any)	_____
Emergency Contact name, phone number and relationship to pupil	_____

Additional Permissions

Field	Details
I give permission for my child to receive additional support from the Special Education Team in the school if necessary. (Parents will be notified should it be recommended that their child would benefit from support from SET)	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
I give consent for my child to participate in Religion - Grow in Love (Catholic Schools Programme)	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
Medical Information including medication (E.g., asthma, inhalers etc.	_____
Allergies	_____
Doctor's Name & Phone number	_____ _____
Has your child any reports from outside agencies – Speech and Language Therapy/Occupational Therapy/Child psychology etc.? If yes, please give information	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] _____ _____
Is there any other relevant information that you feel that the school should be aware of?	_____

Parental Consents

Permission	Yes/No
Participation in RSE (<i>Relationship & Sexuality Education Programme</i>)	YES / NO
In case of an emergency, parents/ guardians will always be contacted first. In the event that a parent/ guardian cannot be contacted, I consent for my child to be taken to hospital, if needed	YES / NO
Consent for the school to publish videos, photos and course work of your child on our school website, newsletters, awards, and local/ national newspapers	YES / NO
Information Sharing with Agencies (<i>E.g., Speech & Language, Occupational Therapist etc.</i>)	YES / NO
Uniform Change, with staff assistance, in the case of illness/accident	YES / NO
We have received, read and agree to Code of Behaviour	YES / NO
We will support and Cooperate with School Staff	YES / NO
Consent to share information - Consent to staff from St. Patrick's N.S., Frenchpark, to collect information both written and verbal, and receive copies of any professional reports concerning my child's education and development.	YES/ NO

Signatures

Field	Details
Parent/Guardian 1	
Parent/Guardian 2	
Date	

Checklist for Submission

Required Documents	Included (Yes/No)
Photocopy of Birth Certificate (original)	YES / NO
Photocopy of Baptism Certificate (if needed)	YES / NO

For School Use Only

Field	Details
Child's Class	
Teacher's Name	