

Scoil Náisiúnta Naomh Muire,  
Ármhach,  
Co. an Chábháinn.

Principal:  
EDEL CADAM

ST. MARY'S N.S.



St. Mary's N.S.,  
Arvagh,  
Co. Cavan.

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Roll No.: 16316Q

## School Enrolment Form General Details

Your Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ P.P.S. No: \_\_\_\_\_

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

\_\_\_\_\_ Telephone No: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

*If you change your phone number during the school year, please let the school know immediately to keep contact details up to date.*

*In the event of your child becoming sick etc. during school time, whom should the school contact if there is **no one** at the child's home address? \_\_\_\_\_*

\_\_\_\_\_ Telephone No: \_\_\_\_\_

## Family Background

No of Brothers: \_\_\_\_\_ No of Sisters: \_\_\_\_\_ Place in Family: \_\_\_\_\_

Religion: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_

Name and address of School/Playgroup previously attended  
(if any): \_\_\_\_\_

Nationality: \_\_\_\_\_

Class Level: (if applicable): \_\_\_\_\_

*\* Please attach most recent school report if applicable\**

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address if different: \_\_\_\_\_

- Please attach your child's original birth cert with this form which will be photocopied and returned to you.

## Medical Details

Has your child any illness/allergies/problems etc. that the school should be aware of?

If YES please give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your child any problems/concerns in any of the following areas?

Sight: \_\_\_\_\_ Hearing: \_\_\_\_\_ Speech: \_\_\_\_\_ Kidney: \_\_\_\_\_

If YES please give details: \_\_\_\_\_

\_\_\_\_\_

Family Doctor's name, address and telephone number: \_\_\_\_\_

\_\_\_\_\_

## Other Information

Can you provide information which might be of value to the teacher in helping your child reach/his her potential in school?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALL INFORMATION IS STRICTLY  
CONFIDENTIAL

## Consent Form

Sensitive Personal Data will be stored on the Primary Online Database (POD) and shared with the Department of Education and Skills. There are three categories of pupil data which will be shared by schools with the Department of Education and Skills. Category 1 information covers data that is required to validate the pupil's identity. This information will be transferred to the PPSN validation service of the Department of Expenditure and Reform or the Department of Social Protection for validation purposes only. Category 1 information also covers pupil level data which is necessary for policy and planning purposes within the Department of Education and Skills. A full listing of the variables collected, along with the purpose for each piece of information, can be found in Appendix A of the Fair Processing Notice for the Primary Online Database, available at [www.education.ie](http://www.education.ie). Category 2 covers sensitive personal data which the Department asks primary schools to furnish, and which requires your written consent for your child's school to record this information and for the school to forward this information to the Department for purposes as outlined in circular 001/2014 a copy which is available at [www.educaion.ie](http://www.educaion.ie) or on request from your child's school. Your consent is also required for this information to be forwarded to any other primary school your child may transfer to during their time in primary school. Category 3 data is information which is required at school level only and will not be accessible to the Department of Education and Skills. The data will be kept on your child's POD record for the duration of their primary schooling and for two years afterwards.

Please note that the reference to "you" in this consent form means a parent or a guardian of a pupil, or a pupil aged 18 years and over who is attending a recognised primary school.

Please enter the following details in **BLOCK CAPITALS**

Name of School: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Name of Pupil(s) \_\_\_\_\_

1. What is your child's religion? \_\_\_\_\_
2. To which ethnic or cultural background group does your child belong (please tick one)?

White Irish	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>
Roma	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>
Black African	<input type="checkbox"/>
Any other Black Background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other Asian Background	<input type="checkbox"/>
Other, including mixed race backgrounds	<input type="checkbox"/>

I consent for this information 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/Student

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

Please complete this form and return to your primary school. This form will be retained by the primary school and will be made available for inspection by authorised officers of the Department or from the Office of the Data Protection Commissioner.