

Rampark National School Application for Enrolment

Private & Confidential

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. The 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 is needed for the efficient running of the school. **In order to assist with the gathering of data please complete this form in CAPITAL LETTERS and return to the school. This form will be retained by the school.**

Child's Details

***Name of child as on Birth Certificate** _____

***Date of Birth** _____ *** PPSN No.** _____
(Please enclose copy of Birth Certificate)

***Address** _____
_____ ***Eircode** _____

***Nationality** _____ *** Mother's Maiden Name** _____

***Is one of your child's mother tongues (i.e. language spoken at home) Irish or English?** Yes ☐
No ☐

***Do you consent to uploading data relating to ethnicity and religion to POD:** Yes ☐
No ☐

***What is your child's religion?**

Roman Catholic	<input type="checkbox"/>	No Religion	<input type="checkbox"/>
Protestant	<input type="checkbox"/>	No Consent	<input type="checkbox"/>
Other Religion(Please state) _____			

***To which ethnic or cultural background group does your child belong (please tick one)?**

White Irish	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>
Black Irish - African	<input type="checkbox"/>	Any other White Background	<input type="checkbox"/>
Black or Black Irish - Any other Black 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"/>

Roma

☐

No consent

☐

***Name of playschool / school previously attended:** _____

***Number of years spent in playschool / school:** _____

***I give permission for transfer of information and documentation, assessments and or reports from a previous school or crèche:** Yes ☐ No ☐

Parent / Guardian Details

Mothers' Name _____ **Phone Home / Work**

Nationality _____ **Phone Mobile:**

Address (if different to child)

E-mail address for correspondence

Fathers' Name _____ **Phone Home / Work**

Nationality _____ **Phone Mobile:** _____

Address (if different to child)

E-mail address for correspondence

Who are the legal guardians of your child?

****Please inform the school if your mobile numbers / addresses change at any time.**

Child's Medical History:

Does your child have any illness or condition that could affect school life?

Yes ☐ No ☐

If yes please give details:

Is he/she at present taking long term medication? Yes ☐ No ☐ Specify

Does your child have a problem with hearing? Yes ☐ No ☐

Does your child have a problem with eyesight? Yes ☐ No ☐
Has s/he ever had epilepsy? Yes ☐ No ☐
Does your child have any allergies ? Yes ☐ No ☐ Specify

Does your child have any speech & language problems? Yes ☐ No ☐
Does your child attend Counselling or Therapy? Yes ☐ No ☐

It is important if your child has any medical or physical problems that the school should be informed. If so please outline: _____

Has your child ever been referred to any agency e.g. Speech Therapist, Eye / Ear Specialist, Child Guidance Clinic / Health Board. Yes ☐ No ☐

If yes please state name of service _____

Have you ever had any concerns regarding your child's early development?

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Have you any concerns regarding your child at present? Yes ☐ No ☐

Private & Confidential:

To fully support your child, it is vital that the school be informed of any relevant situation, now or in the future, regarding health, bereavement, domestic circumstances that may impact on the child's social, emotional or educational development. Please detail any information here. Alternatively, you may contact the Principal or your child's teacher directly. Any information will be treated in the strictest confidence.

Does any legal order under family law exist that the school should know about?

Yes ☐ No ☐

If yes please give details:

Consent: *(Must be signed by both parents)*

***I consent to my child (1) being enrolled in Rampark National School.
(2) being treated for minor accidents (e.g. Cuts, bruises.)***

Signed (Mother): _____

(Father): _____

Please give names and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine please inform the school in writing.

Person who usually collects:

Name _____ ***Phone***

Name _____ ***Phone***

Name _____ ***Phone***

Should we be unable to contact you in case of a school emergency, sickness, accident or unexpected closure please give the name of at least two adults willing to accept responsibility for your child.

Name _____ ***Phone***

Name _____ ***Phone***

Name _____ ***Phone***

“We gather and process your child’s data for the purpose of administering the education of your child. To facilitate this, we will input your child’s data into the schools Management Information System, Aladdin. Aladdin is a secure software service application which is owned and run by Cloudware Ltd. (T/A Aladdin Schools), from where the data is only processed for the above purpose.”
