

St. Aidan's National School,
Kiltimagh, Co. Mayo.
Roll No. 19903A
Eircode F12XY86
(Scoil Aodáin, Coillte Mách, Co. Mhaigheo)

www.kiltimaghns.ie

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Application for Admission of New Pupils Year 2021-22

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 Dept at individual pupil level on a live system. This 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.

In order to assist with the gathering of data please complete the form in CAPITAL LETTERS and return to the school. This form will be retained by the school.

*Pupil's First Name: _____ *Pupil's Surname _____

*Gender : Male () Female ()

*Birth Cert First Name: (if different from above) _____

*Birth Cert Surname: (if different from above) _____

*Nationality: _____

*Pupil Address: _____

*Pupil Date of Birth: _____

*Pupil PPSN : _____

Father's Name: _____

Mother's Name: _____

Address: _____
(If different from pupil)

Address: _____
(If different from pupil)

Eircode-----

Eircode -----

Mobile No. (father) _____

Mobile No. (mother) _____

Nationality (father) _____

Nationality (mother) _____

*Mother's Maiden Surname: _____

*Is one of the pupil's mother tongues (i.e. *language spoken at home*) Irish or English **Yes/No**

*Religion _____

Do you consent to uploading data relating to religion to POD **Yes /No**

Signed: _____

* To which ethnic or cultural background group does your child belong? **Please tick one**

White Irish [] Irish Traveller [] Roma [] Black African [] Any other White Background []

Any other Black Background [] Chinese [] Any other Asian background [] Other (inc. mixed background) []

Do you consent to uploading data relating to ethnicity to POD **Yes/No**

Signed: _____

The following information is required for the efficient running of the school and will not be uploaded to POD

Email address: _____

Mother's Occupation: _____

Father's Occupation: _____

Legal Guardian (if applicable): _____

Guardian's Address (if applicable): _____

Guardians Contact No. (if applicable): _____

Emergency Contact No: _____

(Other than home/parents)

Nominated mobile number for Text-a-Parent: _____

Family Doctor: _____ Phone no: _____

Does your child require school bus transport? _____

Does your child have any problem with speech, hearing or sight?

If yes, please give more details:

Any special needs/allergy/medical condition? _____

Any physical disabilities? _____

Has your child ever received support from Western Care or Child Psychological services?

Previous schools attended (*include playschool(s) and dates attended*)

If transferring, give reason for transfer: _____

Please add any other information you may feel is relevant.

Please name the people who have permission to collect your child(ren) at 1.40pm

****Please note that children will not be allowed to go home with someone who is not named above or who is not known to the school staff. (You may however contact the school if there is a change)**

Parent /Guardian Signature: _____ Date: _____

Checklist

Please ensure that you have provided the school with the following

- Baptismal Certificate (copy) - *not necessary if baptised in the Church of the Holy Family, Kiltimagh*
- Birth Certificate (copy)
- Parent/Guardian Contact and Emergency contact details
- Doctors contact details and any relevant medical information
- If relevant - details of any special needs, disabilities, difficulties, psychological issues and reports
- Parental/Guardian Permission section filled out and signed.

Parental/Guardian Permission

Each year, we ask permission for your child to participate in certain activities. In order to cut down on unnecessary paperwork and simplify record-keeping, we have decided to include as many permissions as possible on one sheet. Please read carefully each of the items below and circle the relevant answer. Not all occasions may be relevant to your child this year, but they probably will be at some stage in the future. If you have any concerns regarding any of the items below please feel free to contact the class teacher or principal.

I hereby give permission for my child in relation to the following:

Circle YES or NO

1. Go on school tours, educational visits, field trips and participate in school activities, (e.g. nature walks, church visits, museum visit, matches, quizzes, choir, etc.)
YES/NO
2. Have his/her photograph taken while engaging in school activities and events and used for a variety of purposes (eg, newspapers, school website, noticeboards etc.)
YES/NO
3. To receive support at various times from all the teaching staff in the school, and on occasion to work with a teacher in a room which is not their regular classroom.
(If your child is experiencing learning difficulty you will be informed personally by the class teacher.) **YES/NO**
4. To be taken immediately to a doctor or hospital in the case of a serious illness/accident. **YES/NO**
5. To complete Ability /Assessment tests which will be administered from time to time.
YES/NO
6. To prepare and participate in Sacramental Programmes. **YES/NO**
7. For my child's uniform to be changed by an adult member of staff in the presence of another adult in the case of illness, toileting accident or a playground accident where their clothes are very wet/soiled **YES/NO**
8. For relevant information to be shared with outside agency e.g. HSE who may require it for Medical/Dental reasons **YES/NO**

Parent /Guardian Signature: _____ Date: _____