

Newtownwhite Educate Together NS

Ballysakeery,
Ballina,
Co. Mayo.
F26 TP63

Tel: 096 32728 / 086 7933559

Roll Number: 09040K

Email: newtownwhite@gmail.com

Website: www.newtownwhiteetns.com



Application for Enrolment

Name of Pupil: _____

(First Name, Middle Name & Surname)

P.P.S Number: _____

Gender: _____

Date of Birth: _____

Nationality: _____

Language(s) spoken at home: _____

If not born in Ireland, date on which the child arrived in Ireland: _____

Childs Religion (if applicable): _____

Parent / Guardian: _____

Parent / Guardian: _____

Birth Mothers Maiden Surname: _____

Address: _____

Eircode: _____

Phone Number: _____

Email: _____

Previous Pre-school attended: _____

Previous Primary school attended: _____

Reason for transfer: _____

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- Is the child attending learning support/resource teaching: (Yes/No): _____
If yes, please provide details: _____
- Does any legal order under family law exist which the school should know about?
(Yes/No): _____ (If yes please discuss with the Principal)
- Are there any specific needs which your child has that the school should be aware of?
Yes / No: _____

This may include a physical disability, medical issue or specific learning need e.g. sight, hearing, speech, kidney, limb, co-ordination, asthma, bronchitis, epilepsy, fainting, other. Please give details:

- Is your child receiving support from any external agency (speech & language, psychologist) which would assist us in acquiring resources for your child in school?
(Yes/No): _____
If yes, please provide details: _____
- Is the child on a regime of medication? (Yes/No): _____
If yes, please provide details: _____
- Does the child suffer from any known allergy? (Yes/No): _____
If yes, please provide details: _____

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Questionnaire to be completed by Parent / Guardian:

*Please answer **"Yes" or "No"** in the box beside each question*

Health Screening Tests are carried out in the school on all children.

☐

I allow my child to do these tests.

It may be necessary from time to time for teachers to carry out diagnostic testing

(reading/maths assessments) with your child on an individual basis.

☐

I give permission for any necessary diagnostic test to be carried out with my child.

I give permission for my child's photograph/image to be included in school-related activities, competitions, social media, website etc.

☐

I give my permission for my child's name to be given to the HSE for the purpose of immunisations, dental, hearing and sight tests.

☐

I give permission for my child to go on educational walks and trips during school hours

☐

I understand that all information collected by the school is protected by GDPR

(General Data Protection Regulation) and that it will be used solely for the purpose for which it was collected, in accordance with the school's data protection policy.

☐

I confirm that I have read and I accept the Positive Behaviour Policy of Newtownwhite Educate Together National School.

☐

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Primary Online Database **(POD)**: The Department of Education and Skills has developed an electronic database of primary school pupils called the Primary Online Database (POD) which will involve schools maintaining and returning data on pupils to the Department at individual pupil level on a live system. The database allows the Department 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 holds data on all primary school pupils including their PPSN, First Name, Surname, Name as per Birth Certificate, Mother's Maiden Name, Address, Date of Birth, Gender, Nationality, whether one of the pupil's mother tongues is English or Irish, whether the pupil is in receipt of an Exemption from Irish and if so the reason for same, whether the pupil is in receipt of Learning Support and if so the type of learning support, whether the pupil is in a Mainstream or Special Class. The database records the class grouping and standard the pupil is enrolled in. The database also contains, on an optional basis, information on the pupil's religion and on their ethnic or cultural background. For further information on POD please go to the Department of Education and Skills' website

- I consent for the sensitive personal data as mentioned in the paragraph above to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills & any other primary schools to which my child may transfer during the course of their time in primary school.
- I declare the above information to be correct and understand that it will be treated as confidential.

☐☐

Signed: _____

Relationship to Child: _____

Date: _____

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Emergency Contact Information:

In the event of an emergency or if the child feels unwell and needs to leave school early, can you please list who you wish to be the persons contacted / notified starting with your preference:

First Person:

Name: _____ Relationship to child: _____
(Parent, Aunt, Uncle, Grandparent, Neighbour etc.)

Home / Mobile Number: _____ Work Number: _____

Second Person:

Name: _____ Relationship to child: _____
(Parent, Aunt, Uncle, Grandparent, Neighbour etc.)

Home / Mobile Number: _____ Work Number: _____

Third Person:

Name: _____ Relationship to child: _____
(Parent, Aunt, Uncle, Grandparent, Neighbour etc.)

Home / Mobile Number: _____ Work Number: _____

Fourth Person:

Name: _____ Relationship to child: _____
(Parent, Aunt, Uncle, Grandparent, Neighbour etc.)

Home / Mobile Number: _____ Work Number: _____

Doctor Information:

Name of Pupils Doctor: _____

Address of Pupils Doctor: _____

Contact Number of Pupils Doctor: _____

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Parents / Guardians Information:

1. Parent / Guardian Name: _____

Relationship to child: _____

Address: _____

Eircode: _____

Home Phone Number: _____

Mobile Number: _____

Email Address: _____

Occupation: _____

2. Parent / Guardian Name: _____

Relationship to child: _____

Address: _____

Eircode: _____

Home Phone Number: _____

Mobile Number: _____

Email Address: _____

Occupation: _____

Please note that Newtownwhite Educate Together National School will require a copy of the child's birth certificate in order to complete the enrolment registration process.

1. Parent/Guardian Signature: _____

Date: _____

2. Parent/Guardian Signature: _____

Date: _____

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For School Administrative Use Only:

Date of Enrolment: _____

Class joined: _____

Class Teacher: _____

Registered on Aladdin: Yes/ No: _____ Date: _____

Registered on POD: Yes / No: _____ Date: _____