



Lyreacrompane National School

Telephone (068) 48233

Roll No. 14998M

Application form for Enrolment

Surname _____

First Name _____

Address _____

Birth Cert Surname _____

(If different)

Birth Cert First Name _____

(If different)

Telephone Home _____

Work/Mobile _____

Date of Birth _____

Gender: Male Female

Pupils PPSN _____

Pupils Nationality _____

Father's Name _____

Occupation _____

Mother's Name _____

Occupation _____

Mother's Maiden Name _____

In case of Emergency Closure of School i.e. school has to be closed early because of lack of heating, electricity etc what arrangements have you made for your child?

In case of your child being sick or having an accident during school time, please indicate who the school should contact and where. (Please include Doctor's name and phone number in case of emergency)

Name _____

Telephone _____

Doctor's Name _____

Telephone _____

Referral to Other Agencies

Had your child been referred to any other outside agency (speech therapist, social worker, psychologist, specialist)? Yes No

If yes please supply any relevant reports to the school.

Comment _____

Any other useful information - (Illness, Allergies, Assessments etc)

Is one of the pupil's mothers tongues (i.e. language spoken at home) Irish or English?

Yes No

The Department has consulted with the Data Protection commissioner in relations to the collection of individual pupil information for the Primary Online Database. Both religion and ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil's parent/guardian to identify their child's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. All other information held on POD was deemed by the Data Protection Commissioner as non-sensitive person data.

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

(Categories are taken from the Census of Population)

- White Irish Irish Traveller Roma
- Any other White Background Black African Any other Black Background
- Chinese Any other Asian Background Other (incl. mixed background)
- No consent

What is your child's religion?

- Roman Catholic Church of Ireland (incl. Protestant) Presbyterian
- Methodist, Wesleyan Jewish Muslim (Islamic)
- Orthodox (Greek, Coptic, Russian) Apostolic or Pentecostal Hindu
- Buddhist Jehovah's Witness Lutheran
- Atheist Baptist Agnostic
- Other Religions No Religion No Consent

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

Date: _____