

Tullybuck, Clontibret, Co. Monaghan Telephone 047 80729 / 047 80044



APPLICATION FOR ENROLMENT 2023/2024

| 1. | Child's Name: (as on Birth Certificate) | |
|-----|---|--|
| 2. | Date of Birth: | |
| 3. | PPS No: | |
| 4. | Address: | |
| | | Eircode: / |
| 5. | Nationality: | <u> </u> |
| 6. | Mother's/Guardian's Name: | Occupation: |
| 7. | Father's/Guardian's Name: | Occupation: |
| 8. | Place in family, e.g. first/second, etc | |
| 9. | Total number of children in family unit: | |
| 10. | Names of younger children in family, yet to come to school: | |
| 11. | Contact phone number: Home: | |
| | Mother'/Guardian's contact number: | |
| | Father'/Guardian's contact number: | |
| 12. | Aladdin: The school uses a system called Aladdin for sending mess number and email address below: | sages to parents. Please provide your mobile |
| | Mother's Email: | _ |
| | Mother's Mobile Number: | |
| | Father's Email: | |
| | Father's Mobile Number: | |

| Did your child attend any other school or pre-school previous to this? Yes / No |
|---|
| Number of years in other school/pre-school |
| State name and address of school/pre-school. |
| Any medical history relative to school? Yes / No If Yes please comment. |
| Is there any specific food that your child isn't allowed to take (e.g. kiwi fruit, peanuts or other foods). Yes / No If Yes please state and reason why |
| Does your child have any allergies, other than food allergies (i.e. wasp stings, first-aid plasters, etc.)? Yes / No. If Yes please specify |
| Referral to other agencies. Has your child been referred to any outside agency e.g. Speech Therapist, Social Worker, Psychologist, Specialist? Yes / No If Yes please comment |
| Please supply any other information concerning your child, which may help the teacher to work effectively with him/her: |
| |

Information required by the Department of Education and Skills for their Primary Online Database (POD).

| 21. Do you give parental consent to share level 2 data (Ethnic or cultural background and Religion) with the |
|--|
| Department of Education and Skills.: Yes / No |
| 22. Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English? Yes / No |
| 23. To which ethnic or cultural background group does your child belong (please tick one): 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 (inc. |
| mixed background) No Consent |
| |
| 24. 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 Jehovahs Witness Lutheran Atheist Baptist Agnostic Other Religions No Religion No Consent |
| DECLARATION OF ACCEPTANCE |
| I have read the Code of Behaviour and I agree to support the school in the implementation of its rules. |
| I understand that information from this Enrolment Form will be entered onto the Primary Online Database (POD). |
| Signature of Parents/Guardians: |
| Mother's/Guardian's Signature Father's /Guardian's Signature |
| Date: |