SCHOOL ENROLMENT FORM 2027/2028

St. Caillin's National School.

Fenagh, Ballinamore, Co. Leitrim N41TK60

Principal: Orla Redican
Tel: 071-9645244
www.fenaghns.ie
School Roll: 15194A
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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. 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.** All other data we need for the efficient running of the school. **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.**

Please complete in BLOCK CAPITALS

*** Name of Child** *(In full as on birth cert)*:		***Male/Female**
***Birth Cert first name** (if different to above)		***Birth Cert Surname** (if different to above)
***Date of Birth:**		***Country of Birth:**
***P.P.S. Number:**		***Nationality:**
***Address:** ***Eircode:**		***If born outside the country, year of arrival in Ireland:**
CLASS:		***Languages spoken in the home:**
Name in Irish: (Optional)		***Religion:**
Parent/Guardian Details		***Parent/Guardian Details***
Name:		**Name:**
***Maiden name (if applicable)**		***Maiden name (if applicable)**
Relationship to child:		**Relationship to child:**
Phone No (Home):		**Phone No (Home):**
Phone No (Work):		**Phone No (Work):**
Phone No (Mobile):		**Phone No (Mobile):**
email Address:		**email Address:**

If you change your mobile number during the school year, please inform us immediately. (We send regularly messages using your phone number through text a parent). Also, please let us know if addresses change

Do you agree to the use of a nominated mobile number by the school for text-a-parent and emergencies? (Text a parent is used by the school to remind parents of events and for emergency messages e.g. school closures) **Yes** ☐ **No** ☐
If yes, please nominate one mobile number:
Name: _____
Mobile number _____

Names of brothers/sisters in this school:

***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) [ ]

Please tick	***Yes***	***No***
Are there any orders or other arrangements in place governing access to or custody of your child?		
Is the child living with both parents?		

The school may share Personal Pupil Data with other organisations such as HSE, Tusla, An Garda Síochána, etc. where there is a legal basis for doing so under GDPR.

Name of Previous School/Pre-school:

Address:

Principal's Name: ***Phone No:***

Additional local contact names, to be contacted in emergencies [Not the same as above]

Name:		**Phone No:**
Relationship to child:		
Name:		**Phone No:**
Relationship to child:		

Please tick	*Yes*	*No*
Have you attached a Birth Certificate for your child?		

(N.B. Please ensure that a photocopy of your child's Birth Certificate and a photocopy of Baptismal Certificate (if applicable) are returned along with application form, on or before December 16th 2025)

Relevant Medical Information:	
If there is any change in this regard or if there is any other information which you think may be relevant it is very important that the school is informed immediately. Also if there are any changes in circumstances that may affect your child's well-being in school, please inform the principal or class teacher or fill in here.	
If there is any other information that you think is relevant or that may help us to better understand your child, please include it here:	
Family Doctor:	**Phone No:**

Consent Form

We would like your permission for the following in relation to your child

Please tick the appropriate box and sign - Both parents/guardians please sign below

Please Tick	**Yes**	**No**
Department of Education & Skills		
*I/We consent to uploading data relating to religion to POD		
*I/We give written parental consent to share Ethnic or Cultural Background and Religion with the Department of Education & Skills.		
Activities Outside/After School		
During the school year classes may undertake activities outside the school premises e.g. visiting the church, library. I/we consent that my child may do so.		
RSE(Relationship and Sexuality Education)		
I/We give consent for our child to take part in the RSE programme.		
D.T. (Digital Technology)		
I/we give consent for my child to use the computers in the school in line with our Acceptable Use Policy.		
Photography		
I/we give consent for the use of school related photographic images which include my son/daughter on the school website, in other school publications or displays and in local/national newspapers. I understand that s/he will not be identified individually.		
Medical Emergencies		
I/We give permission for my child to receive any medical attention deemed necessary and to be taken to hospital in case of serious illness or accident.		
School Policies		
I/we have received and read a copy of St Caillins N.S. Code of Behaviour and anti-bulling and agree that my child and I will abide by it.		
I/we agree to familiarise myself with all school policies, agree to abide by them and agree to discuss them at an appropriate level with my child.		
Testing		
Screening tests will be carried out on children in all classes throughout the year. I/we give my consent to allow my child attend the Special Education Teacher for additional testing where necessary.		
Competitions		
I/we give consent to allow my child to enter school competitions and for their name and date of birth to be shared with the organisers.		

General relevant information		
1. Is your child fully toilet trained?		
2. Can your child open and close buttons and zips?		
3. Can your child tie his/her laces?		
4. Can your child put on his/her own coat?		
5. Has your child ever been assessed by an educational psychologist?		
6. Has your child attended early intervention programme outside of playschool?		
7. Has your child ever attended speech therapy?		
8. Has your child ever attended occupational therapy?		
If yes, please provide details.		

I/we wish to enrol my/our child in St Caillins N.S.
I/we have received and read a copy of St Caillins N.S. Enrolment Policy
I declare the above information to be correct and understand that it will be treated as confidential. I consent to the information to be stored in the Primary Online Database.
Signed: Parent/Guardian Date:
Signed: Parent/Guardian Date:
Both Parents/Guardians to sign