



Scoil Mhuire Fatima,
Timahoe,
Co. Laois.
057 8627051
smftimahoe1@eircom.net.

Dear Parents / Guardians

Please find enclosed an 'Application for Enrolment' form. To apply to enrol your child / children in the school, this should be completed and returned to the school, along with the following documents:

- A copy of his/her Birth Cert.
- A copy of his/her Baptismal Cert. (if applicable)

If you have any questions please feel free to contact me at the above number.

Yours sincerely,

Ann Bergin

(Principal)

Chairperson: John Delaney
Principal: Ann Bergin
Deputy Principal: Martina Mulhall



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Application for Enrolment

Name of Child: _____ Name in Irish: _____
Date of Birth: _____ (Name & Date same as Birth Cert) Gender (M)___ (F)___
Address: _____
Parish: _____ Religion: _____
Year of Baptism: _____ Parish of Baptism: _____
Nationality: _____ Language spoken at home: _____

Parents / Guardians / Family Details.

Name: _____ Name: _____
Occupation (Optional): _____ Occupation (Optional): _____
Home Contact No.: _____ Home Contact No.: _____
Mobile Contact No.: _____ Mobile Contact No.: _____

Contact name and number of person to contact if either of the above cannot be contacted:

Name: _____ Number: _____
No. of children in family: _____ Position of child in family: _____

Other children in the school:

Name: _____ Class: _____
Name: _____ Class: _____
Name: _____ Class: _____

Chairperson: John Delaney
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Childs PPS No.: _____

Name and address of pre-school or previous school attended: _____

_____ Phone No. of previous School: _____

I give permission to Ann Bergin (Principal) to discuss the needs of my son/daughter with manager of the pre-school/school listed above.

Yes: _____ No: _____

Does your child have any special educational needs that may need some additional support within the school?

Yes: _____ No: _____

If yes please specify:

Has your child attended any outside agency e.g. speech therapy, child psychology, occupational therapy, early intervention programme etc.

Yes: _____ No: _____

If yes, please specify and include a copy of relevant professional reports.

Please give details of hearing or sight difficulties/concerns:

List any problems your child may have in relation to health (allergies, epilepsy, diabetes, asthma, speech, fainting etc.): _____

Family Doctor: _____ Phone No.: _____

In the event of an accident, or your child becoming ill, where the school is unable to contact parents/guardians, do you give permission to the school to take your child to Doctor's Surgery in Stradbally?

Yes: _____ No: _____

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In order to use the "text a parent" facility please give the mobile number you wish to receive the text to. (One number only): _____

Do you give permission for your child to go on school trips under teacher supervision during the school day e.g. trips to the local town park, local historical buildings etc.:

Yes: _____ No: _____

Frequently in our school photographs of the children are taken, e.g. events, awards/prizes, sporting events, first day at school etc. Do you give permission for your child to be photographed for the following?

School projects	Yes_____	No_____
Local newspapers	Yes_____	No_____
School calendar	Yes_____	No_____
School Website	Yes_____	No_____
School related activities e.g. Sport, tours etc.	Yes_____	No_____
Laois Today	Yes_____	No_____
Other Websites e.g. Intel, Laois Co. Co., Theatres etc.	Yes_____	No_____

The Board of Management cannot be held responsible for pictures/videos taken by parents outside of school e.g. Parades, outings, celebrations and school concerts etc.

The Schools Code of Behaviour Policy Booklet is available on request from the school secretary.

I wish to enrol my child in Scoil Mhuire Fatima, Timahoe. I undertake to see that my child will attend school punctually and regularly.

Signed: _____ Date: _____

(Parent/Guardian)

Please ensure that all details are fully completed i.e. all answers to be marked Yes/No

Chairperson: John Delaney
Principal: Ann Bergin
Deputy Principal: Martina Mulhall



Scoil Mhuire Fatima

— T i g h M o c h u a —

Tel.: 057-8627051 · E-mail: smjtimahoe1@eircom.net

Website: www.softwarecentral.ie/timahoens

Discover Primary
Science and Maths
www.primaryscience.ie

September 2015.

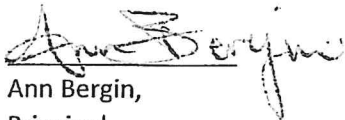
Dear Parent/Guardian,

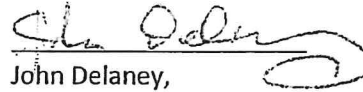
Please find attached information re: the new online database (POD) that each school is required to complete with information about the pupils on roll in the school in order to access school grants and teachers for the school year.

Please read carefully and complete the required details.

The answers re: religion and ethnic background are optional. Please tick the "no consent" box if you wish to avail of that option.

Yours sincerely,


Ann Bergin,
Principal


John Delaney,
Chairperson BoM.

Pupil Information required for
Department of Education and Skills
Primary Online Database

The Department of Education and Skills is developing 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 will allow 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 will hold 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 will record the class grouping and standard the pupil is enrolled in. The database will also contain, on an optional basis, information on the pupil's religion and on their ethnic or cultural background.

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

Teacher/Class Name _____

Current Class

Junior Infants Senior Infants First Class
Second Class Third Class Fourth Class
Fifth Class Sixth Class Special Class

Pupil Forename: _____

Pupil Surname: _____

Date of Birth: _____

Birth Cert Forename (if different from name above)

Birth Cert Surname (if different from name above)

Pupil Address _____

PPSN of Pupil _____

Mother's Maiden Name

County _____

Nationality _____

Gender Male Female

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

Yes No

Pupil Information required for
Department of Education and Skills
Primary Online Database

The Department has consulted with the Data Protection Commissioner in relation 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 personal data.

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

(Categories are taken from the Census of Population)

- | | | | | | |
|----------------------------|--------------------------|----------------------------|--------------------------|-------------------------------|--------------------------|
| White Irish | <input type="checkbox"/> | Irish Traveller | <input type="checkbox"/> | Roma | <input type="checkbox"/> |
| Any other White Background | <input type="checkbox"/> | Black African | <input type="checkbox"/> | Any other Black Background | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> | Other (inc. mixed background) | <input type="checkbox"/> |
| No consent | <input type="checkbox"/> | | | | |

What is your child's religion?

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

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: _____

Please complete this form and return to your primary school. For further information on POD please go to the Department of Education and Skills' website www.education.ie