



Scoil Mhuire Moylagh

Moylagh, Oldcastle, Co. Meath
Telephone: 049 8541738
Email: office@moylaghns.com

Application for Admission Form

We require a copy of your child's birth certificate along with this form. If your child was baptised outside Moylagh/Oldcastle Parish we require a copy of the baptismal certificate.

Child's Details

Child's first name: (in full, as on Birth Certificate) _____

Child's family name: _____

(Name must be exactly as it appears on birth certificate or Passport)

Child's date of birth: (dd/mm/yyyy) _____ Gender: M: F:

Address: _____

Nationality: _____

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

No of children in family: ____ Names of siblings in school (if any):

Contact Details

Mother's Name: _____

Occupation: _____ Mobile number: _____

Home Phone: number: _____ Work Number: _____

Email: _____

Father's Name : _____

Occupation: _____ Mobile number: _____

Home Phone: number: _____ Work Number: _____

Email: _____

Emergency Contact Details

In the event your child becomes ill during school time, we will contact parents. If either parent cannot be reached we contact the emergency contact person. Therefore please provide the name of a childminder / relative /or friend we can contact in the event we cannot contact the parents / guardians.

First Emergency contact person (if parents are not available): Name: _____

Relationship to child: _____

Occupation: _____ Mobile number: _____

Home Phone: number: _____ Work Number: _____

Second Emergency contact person (if parents are not available): Name: _____

Relationship to child: _____

Occupation: _____ Mobile number: _____

Home Phone: number: _____ Work Number: _____

Are there any court orders or family law matters in place regarding your child?: Yes No

If yes please give details: _____

It is vital that you inform us of any changes of mobile, work or home numbers or changes of emergency person contact details should we need to contact you in an emergency.

Medical and Developmental History

Please list any needs your child may have in relation to health (e.g. Allergies, asthma, epilepsy, sight, hearing, speech, fainting etc.), toilet training, pacifier use etc. Please give details:

Has your child ever been referred to any of the following? Speech and language therapist, Eye/ Ear Specialist, Child Guidance Clinic, Psychological Services, Occupational therapist or any special education specialist? Please give details:

Educational History

Nursery / Playschool attended: _____

Dates attended: From: _____ To: _____

For children transferring from another school, please give details of previous school attended:

Name of school: _____

Phone number: _____

Address: _____

Dates attended: From: _____ To: _____

Current class: ____ Reason for transfer: _____

Consents

Do you consent to the Schools Data procedures ?– The information in this form is necessary for the work of the school and is confidential to the School. The school has data protection and record keeping policy that identifies how personal information held by the school is securely stored. In compliance with legislation, the school may be asked to provide information to the Department of Education & Science, Child & Family Agency or to the HSE to facilitate their work. Please tick yes if you consent in this information being shared with the agencies listed above. Yes No

Do you consent to the sharing of pupil data on POD ? – we are currently engaging with the transfer of pupil data onto the Primary Online Database (POD). Part of the data asks for information on the child's cultural or ethnic background and religion. In order to do this we will need consent from parents. Yes No

Do you consent to your child's participation in the RSE programme ? Yes No

Do you consent to your child's participation in the Stay Safe programme ? (content can be sent on request)

Yes No

Do you consent to your child's participation in Screening Tests which are carried out in the school on all children from Infants to 6th class ? Yes No

Do you consent for teachers to carry out diagnostic tests on your child, if deemed necessary in order to help them in their educational development ? Yes No

Do you consent to the use of your mobile number by the school for text a parent updates, eg. Reminder about staff meetings or holidays, etc. ? Yes No

Do you consent for your child to participate in school trips ? For example, walks, school tours, matches, concerts, etc. ? Yes No

Do you consent for your child's work to be put on our website e.g. photo's /videos of your child, their work, pictures, poems, stories etc. Yes No (No names will be used)

Do you consent for your child's photograph to be placed on the school website?

Yes No (No names will be used with photographs on the website)

Do you consent for your child's photograph to be shared with a newspaper in the event of a newspaper featuring news from our school? Yes No

Do you consent for the teachers in the school to contact emergency services for your child should the need arise? Yes No

Do you consent to your child's uniform being changed by a teacher in the presence of another adult in case of illness or toilet accident ? Yes No

Do you consent to the creating and maintaining of a Google for Education Account for your child for educational purposes ? Yes No

Do you consent to the creating and maintaining of a Seesaw Account for your child for educational purposes?
? Yes No

Any other relevant information about your child: _____

During the year opportunities arise for parents to volunteer to help around the school. If you have any particular skill that you would be able to volunteer to the school please let us know here: e.g. computer skills, manual labour, knitting, plumbing, gardening, needlework, cooking, electrical work, music skills etc

I / We confirm the above details are correct.

Signed: _____ Date: _____
Parent/Guardian

Signed: _____ Date: _____
Parent/Guardian



Department of Education Primary Online Database

Birth Cert Forename: _____ Birth Cert Surname: _____

PPSN of Pupil: _____ Mother's Maiden Name: _____

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.

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

Irish Traveller

Roma

Any other White Background

Black African

Any other Black Background

Chinese

Any other Asian

Other (inc. mixed background)

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.

Please ensure that you have included a Birth Certificate and Baptismal Certificate (if your child was Baptised) with this form. These documents will be photocopied and returned to you.

Signed: _____ Date: _____

Parent/Guardian

Signed: _____ Date: _____

Parent/Guardian