



Full Admission Form

Presentation Primary School

For Office Use Only

Admis. Form Date: _____
 Birth Cert
 POD Utility

Pupil Information Class being applied for _____

Start Date _____

First Name	
Surname	
Date of Birth	
PPS Number	
Address	
Eircode	
Nationality	
Country of Birth	
Home Language	
Doctor's Name and Number	
Religion	
Place of Baptism if relevant	
Previous Pre-School/School	
Name and class of sisters in this school.	1. 2. 3.

Mother/Parent 1/Guardian 1 Information

Father /Parent 2/Guardian 2 Information

First Name	
Surname	
Nationality	
Phone Numbers	Mobile: Home: Work:
Email	

First Name	
Surname	
Nationality	
Phone Numbers	Mobile: Home: Work:
Email	

Other Information

Are there any Medical Issues the school should be aware of?	<i>(if YES, please elaborate)</i>
Are there any Special Needs that the school should be aware of?	<i>(if YES, please elaborate & supply copies of any relevant reports and assessments etc)</i>
Is there any additional information/previous referrals the school should be aware of? e.g. Speech and language, occupational therapy, AIMS Reports or Psychological Reports.	<i>(if YES, please elaborate & supply the school with any relevant documentation)</i>
Does any Legal/Court Order exist that the school should know of?	<i>(If yes please elaborate)</i>

Permission to Collect/Emergency Contacts

Please give names, addresses and phone numbers of the people who have permission to collect your child from school. These contacts will also be used if your child gets sick, or the school closes unexpectedly and we cannot contact you. If there is any change in this information, please inform the school.

First Name	
Surname	
Contact Numbers	M: H: W:
Relationship to child	

First Name	
Surname	
Contact Numbers	M: H: W:
Relationship to child	

Permission is required for the following. Please tick and sign below to give consent.

I give permission for staff to bring my child to the doctor/hospital in an emergency.	
I give permission for my child to be treated for minor accidents e.g. cuts/grazes.	
I give permission for child and family details (name, address, parents details, ethnicity, religion, D.O.B. etc) to be given to agencies such as the Dept of Education, HSE (school nurse, doctor, dentist, SENO, speech and language therapists etc.) and future schools	
I give permission for teachers to carry out assessment/diagnostic testing on my child to support them in their educational development.	
I give permission for my child to attend the Learning Support teacher if necessary.	
I give permission for my child's photograph/image to be included in school related activities, competitions, website etc.	
I give permission for my child to go to swimming, matches, school tours and other school related activities.	
I have read and agree to abide by the school's Code of Behaviour.	
I have read the Admissions Booklet & I understand it & agree to it.	

If you have applied to another school please give details:

Name of School: _____ **Address of School:** _____

✓ *I have enclosed copies of any relevant reports and assessments.*

✓ *I have enclosed a copy of my child's Birth Certificate with this enrolment form.*

Signed (Parent/Guardian) _____

Date _____

Presentation Primary School,
Portarlinton,
Co. Laois
Roll Number: 15556i

Telephone: (057) 8623007
Email: info@presprimary.ie
Website: www.presprimary.ie



Presentation Primary School

POD Form

Pupil Information required for Department of Education's Primary Online Database

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. 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.

First Name		Birth Cert. First Name (if different)	
Surname		Birth Cert. Surname (if different)	
Date of Birth			
PPS Number			
Address			
Eircode			
Mother's Maiden Name			
Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English?	<i>Please answer Yes or No</i>		

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

(Categories are taken from the Census of Population)

White Irish	
Any other White Background	
Black African	
Any other Black background	
Other (incl. mixed background)	

Irish Traveller	
Roma	
Chinese	
Any other Asian background	
No consent	

What is your child's religion?

Roman Catholic	
Church of Ireland (incl. Protestant)	
Presbyterian	
Muslim (Islamic)	
Methodist, Wesleyan	
Lutheran	
Agnostic	
Buddhist	
No Religion	

Jewish	
Apostolic or Pentecostal	
Jehovah's Witness	
Hindu	
Orthodox (Greek, Coptic, Russian)	
Baptist	
Atheist	
Other Religions	
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: _____

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

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