

Mobile Number

Rang & Bliain / Class & Schoolyea	ar:				
Sloinne an Pháiste:	Ainm an Pháiste:				
Child' Surname	Child's Name				
Seoladh:	2010 000000 UV 00 0 AAAAA ***				
Address & Eircode:					
Uimhir Theileafóin:	Dáta Breithe:				
Home Telephone	Date of Birth				
Uimhir PPS:	Creideamh:				
PPS Number	Religion				
Baptised: Tá Ní					
Yes No					
Náisiúntacht:	Buachaill Cailín				
Nationality	Male Female				
Yes Fluency in Irish in non-ducational appropriate on a separate sheet. Evidence attached: Tá	I setting. Please attach any evidence you consider				
Sonraí na dTuismitheoirí / Parent Ainm an Athar/ Caomhnóra: Name of Father / Guardian	/ Guardians Details: lar Scoláire ls ea / yes Ní hea / No Past Pupil				
Slí Bheatha:					
Occupation	Place of Work				
Uimhir Theilafóin:					
Mobile Number	Email				
Ainm na Máthar/ Caomhnóra:	lar Scoláire Is ea / yes Ní hea / No				
Name of Mother / Guardian	Past Pupil				
Slí Bheatha:	Áit Oibre:				
Occupation	Place of Work				
Uimhir Theilafóin	Ríomhphost:				

Email

Cumas sa Ghaeilge – cui			<i>rish please</i> rí / Cao mh	-		
		An Ath	air	,	An Mhátha	air
Cainteoir dúchais (Nativ	e Sneaker)	All Atti	an	•	All Willatin	all
Gaeilge maith (competer			 -			
Ar bheagáin Gaeilge (Sor	•					
Tuiscint (Understanding)	ne msnj	-				
	iala)	-	_			
Gan Gaeilge ar bit (No Iri	isn)	-	_			
Cúlra Leighis (Medical H	istory)					<u></u>
Aon fhadhb phearsanta i an bPríomhoide? (Cur tio Any personal difficulties of Principal? (Please tick)	: sna boscaí chuí)					
, , , , , , , , , , , , , , , , , , , ,			Т	á	Níl	
Deacracht chainte / éiste	eachta -Speech / hed	rina diffic	_			
Múchadh – Asthma		g anjjie				
Coeliac – Coeliac						
Diaibéiteas – Diabetes						
Titeamas – Epilepsy						
Haemaifilia – Haemophili	ia		-			
Ailléirge – Allergy	u					
Tinneas Cluaise – Ear Tro						
Tinneas Súl – Eye Trouble						
Aon fhadhb eile – Any ot	ner problem					
						
Ainmneacha deartháireac Names of brothers /sisters Ainm / Name				. D		ohís.
An bhfuil an páiste ag frea s your child attending pre- Cén áit? Where?	school?		□ Níl			
gcás timpiste sa scoil, an	_		_	-		
n the case of an accident i	n school. Do you give	e permissi	on to have	your child	d brought	to
nospital?	Tá 🕝	¬ Níl				
Ainm & uimhir an Dochtúr	a / Name & telepho	ne of fami	ily doctor			
Paróiste ina bhfuil cónaí ar Parish in which family resid						
Any other family information	on which the school s	should be	made awa	ıre of:		

Tá cóip de Chód Smachta na Scoile faighte agus léite againn. Ta cóip den Chlár d'Oideachas Chaidrimh agus Gnéastachta faighte agus léite againn. Tá cóip den Polasaithe Iontrála na scoile faighte agus léite againn. Comhoibreoimid le foireann na scoile agus tabharfaimid tacaíocht d'ethos na scoile.

We have received and read a copy of the 'The School Code of Discipline' and 'The Programme for Relationships and Sexuality Education and Enrolment Policy and we will cooperate with the staff and support the ethos of the school.

Siniú na Máthar / Caomhnóra:	Dáta:
Siniú an Athar / Caomhnóra:	Dáta:
agus sa pholasaí scoile. Tá an polasaí ar www.gaelscoilthomaisdaibhis.com This information is requested in line with (GDPR). The information provided will on	éir na míreanna tá leagtha amach sa litir seo fáil ar an suíomh scoile our school policy on General Data Protection ly be used in accordance with the contents of copy of the full policy is available to download
pupils called the Primary Online Database (POD data on pupils to the Department at individual the Department to evaluate progress and outcomer of the Department to evaluate progress and outcomer of the database will hold data on all primary school Name as per Birth Certificate, Mother's Bir Nationality. The database will record the class	veloped an electronic database of primary school of which involves schools maintaining and returning pupil level on a live system. The database will allow omes of pupils at primary level, to validate school ner allocation purposes, to follow up on pupils who do mary level and for statistical reporting. The pupils including their PPSN, First Name, Surname, the Surname, Address, Date of Birth, Gender, and a grouping and standard the pupil is enrolled in. The information on the pupil's religion and on their ethnic
Pupil Forename:	Pupil Surname:
PPSN of Pupil	Mother's Birth Surname
Pupil's Date of Birth	Pupil's Gender: Male
Birth Cert Forename (if different from name above)	Birth Cert Surname (if different from name above)
Pupil Address	
	-
Nationality	

(In the case of dual citizenship where Irish is one, please specify both nationalities)

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 cultura	ii background	group does your	child belong (please tick one)?	
(Categories based on the Censu	ıs of Population)				
White Irish		Irish Traveller		Roma 🗌	
Any other White Backgrou	ınd 🗌	Black or Black Ir	ish - African		
Black or Black Irish- Any o	ther Black Bac	kground			
Asian or Asian Irish - Chine	ese 🗌 Asia	n or Asian Irish -	- Any other As	ian Background	
Other (inc. mixed backgro	und) 📋	No co	onsent 🗌		
What is your child's religion	on?				
Roman Catholic	Church of I	reland (Anglican)	Presbyterian	
Methodist, Wesleyan	Jewish	Jewish		Muslim (Islam	ic)
Orthodox (Greek, Coptic, Russian)	Apostolic o	r Pentecostal		Hindu	
Buddhist	Jehovah's V	Witness		Lutheran	
Atheist	Baptist	Baptist		Agnostic	U
Christian Religion (not further defined)	Protestant			Evangelical	
Other Religions	No Religion	1		No Consent	
I consent for the sensitive pers Database (POD) and transferre may transfer to during the cour Signed:	d to the Departm se of their time in	nent of Education a			
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