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## Application for Admission of New Pupils Year 2026-2027

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.**

\*Name of Pupil: \_\_\_\_\_

\* P. P. S. No: \_\_\_\_\_

\*Birth Certificate Name (if different from above): \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

\*Gender: Male  Female

\*Nationality of Child: \_\_\_\_\_

\*Religion: \_\_\_\_\_

Do you consent to uploading data relating to Religion to POD?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*To which ethnic background group does your child belong (please tick one)?		
White Irish <input type="checkbox"/>	Other <input type="checkbox"/>	
Do you consent to uploading data relating to ethnicity to POD?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*Address:		Eircode:
*Mother's Maiden Name:	*County:	*Nationality:
*Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English? Yes <input type="checkbox"/> No <input type="checkbox"/>		

The following information is required for the efficient running of the school and will not be uploaded to POD:

Home Telephone Number: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Class in which child will be enrolled: \_\_\_\_\_

Age of child on first day in Ballycurrane N.S.: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Previous School/Preschool Attended:  
\_\_\_\_\_

Class: \_\_\_\_\_

**Father/Legal Guardians, Name:** \_\_\_\_\_

**Mother's/Legal Guardians, Name:** \_\_\_\_\_

Father's Nationality: \_\_\_\_\_

Mother's Nationality: \_\_\_\_\_

Address: \_\_\_\_\_  
(If different from pupil's)

Address: \_\_\_\_\_  
(If different from pupil's)

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

**Copy of Birth Certificate** () as per Department of Education & Skills Ruling

**Baptised:** Yes  No

**Copy Baptismal Form:** Yes  No

## **Contact Numbers**

We make every effort to ensure the safety of your child; we may need to contact you in the event of an accident or an unexpected closing.

**Alternative Contact Numbers (not your own number.) Please let us know if this person is a relation, minder, friend of family etc.**

**(1)** Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

**(2)** Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

**Should any of these numbers change while your child is attending this school please inform us immediately.**

In the event of an emergency, should we fail to contact you, do you give permission to the School to bring your child to doctor/hospital?

Yes:  No:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please make the above arrangements clear to your child.

**Family Doctor:** \_\_\_\_\_

**Family Dentist:** \_\_\_\_\_

## Child Profile

(For school records only)

### Family

Child's Name: \_\_\_\_\_

Is your child living with (**tick appropriate**):

Both Parents  One Parent  Grandparents  Carers  Other

Who are the legal guardians of your child? \_\_\_\_\_

If there is any relevant legal documentation we should have please give details and supply a copy e.g. Guardianship, Barring Orders, Access etc.

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### Medical/Educational:

**Medical conditions we should know about: - Please tick.**

1. Speech  Hearing  Sight  or other difficulties

2. Medical Conditions – Asthma  Epilepsy  Heart Conditions  Diabetes  Other

3. Allergies – Wasp Stings  Food  details: \_\_\_\_\_

Other allergies –  details: \_\_\_\_\_

4. Physical or Emotional Problems  details: \_\_\_\_\_

5. Laterality - Right Handed  Left Handed  Mixed

**6. Additional Information – Please give details and specify any condition not listed above which might be considered to affect the child's ability to benefit from school. If there are any medical reports in relation to any of the above, could we please have a copy of same?**

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7. Does your child require regular medication? Yes  No

8. Does your child show any behaviour challenges?

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9. Did your child attend playschool and/or crèche? \_\_\_\_\_

Name of Playschool: \_\_\_\_\_ Dates: \_\_\_\_\_

Name of Crèche: \_\_\_\_\_ Dates: \_\_\_\_\_

10. Are there any issues you think the school may need to know about?

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11. Has your child ever attended Speech Therapy  Occupational Therapy   
Psychologist  Counselling  Other  give details \_\_\_\_\_

If 'yes' a copy of reports should be given to the school.

Most recent appointment: Date: \_\_\_\_\_

12. Has your child ever been assessed for any reason? Yes  No

13. If yes, are reports available? Yes  No

13. Has there been any major trauma in your child's life? \_\_\_\_\_

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I certify that the information I have given in this form is correct.

I confirm that I have received and read a copy of the School Booklets, & the Code of Behaviour.

I agree that the pupil enrolled herewith will be subject to those codes and policies.

I consent to the administration of all relevant screening tests to the above name pupil.

I further undertake that he/she will comply fully with all School Rules in Ballycurrane N.S.

Parent's/Guardian's Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

*Please return this form to the Principal, with a copy of your child's Birth Certificate and any other documents that are relevant.*