We gather and process your child's personal data for the purposes of administering the education of your child. To facilitate this, we will input your child's data into the schools Management Information System, Aladdin. Aladdin is a secure software as a service application which is owned and run by Cloudware Ltd. (T/A Aladdin Schools), from where the data is only processed for the above purpose.

SCOIL NAOMH FIACHRA, ILLISTRIN, LETTERKENNY, CO. DONEGAL APPLICATION FOR ENROLMENT OF NEW PUPILS

APPLICATION FOR A PLACE DOES NOT GUARANTEE PLACEMENT.

OUR ADMISSIONS POLICY AND ADMISSIONS NOTICE IS AVAILABLE AT www.illistrin.town.ie

Child's Details:	Date and year you wish your child to start:		
First Name:	Surname:	Male/Female:	
Date of Birth:	PPSN:	Class you wish to enrol your child in:	
Name & telephone of previous school or playschool (if applicable):	What class was your child in when s/he left that school?	Home Address:	

Mother's Details:			
First Name:	Surname:	Maiden Name:	
Mobile Number:	Home Telephone:	Occupation: Work Number:	

Please complete and sign pages 1, 2, 3 and 4 of this form

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		Father's Details:	
First Name: Surname: Mobile Number: Home Telephone:		Surname:	Work Number:
		Occupation:	
Arrang	gements if child is sick in schoo	ol:	
Do you	u give permission?		
1.	For staff members to take yo Yes No	our child straight to hospital in	n case of serious illness/accident?
2.	For your child to take part in inform your child's class teac	•	grammes? If you answer <i>no</i> you are obliged to school year.
	Yes No		
3.	For school photographs/vide Yes No	o to be taken of your child to	be used to promote school activities?
4.	I give my consent for my child child may transfer	d's data, including test scores	s, to be shared with any school to which my
	Yes No		
5.	I give my consent for my child	d to be withdrawn from class	to participate in a social skills group. This

may involve your child playing and/or working cooperatively with friends/class mates in a small group.

Yes

No

Please complete and sign pages 1, 2, 3 and 4 of this form

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List any special needs the child may have in relation to physical or mental health, e.g., allergies, epilepsy, asthma, sight, hearing, speech, fainting, toilet-training, inability with buttons, laces, etc. Use separate page if necessary:

The school should be made aware of any family circumstances including a welfare and also the names of any persons into whose custody the child sh		
Does any legal order under family law exist that the school should know at	oout?	Yes No
Have you attached Birth Cert: Yes No Have you attached Baptisma	l Cert: (if applicable)	Yes No
List other brothers & sisters if they are attending this school or are past pu	pils:	
Data will be held in the school under the terms of The Data Protection Ame Data Protection rules and regulations	endment Bill 2002 and su	 ubsequent
Nationality		
What is your child's 1st langauge (mother tongue) i.e. the primary langauge	spoken in your home:	
I/Wewish to apply to enrol my child in Scoil Naomh Fiachra and I agree to the school as set out by the Board of Management. Where both parents are legal guardians, both must sign the	·	
Signed:Parent/Guardian		
Signed:Parent /Guardian		
Where both parents are legal guardians, both must sign the enrolment a	oplication form.	

Date:_____

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Department of Education – Primary Online Database (POD)

The Department of Education and Skills 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 sensitive personal data categories under Data Protection legislation. These questions are optional. While these questions are optional, the information would be very useful to the Department for statistical and research purposes. Aggregated information on Ethnic/Cultural background will be used to track the progress of these groups, and to compare their progress with other groups, thereby identifying gaps in the system and assisting in the development and implementation of appropriate policies and interventions. Enhanced capitation in respect of pupils who are members of the Traveller Community will be paid to schools on the basis of the answers to this question. Aggregated information on religion will be used for statistical purposes only. Parents/guardians are asked, if they wish to do so, to identify their children's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. This page of the form will be retained by your primary school.

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

(Categories based on the Cer	sus of Popula	tion)	, ,		B (I	-7-	
White Irish	☐ Irish Tra	veller [Roma				
Any other White Background	ı 🗆		Black o	r Black Ir	ish - African		
Black or Black Irish - Any oth	er Black Backg	ground [Asian o	r Asian I	rish – Chinese		
Asian or Asian Irish - Any oth	er Asian back	ground [Other (inc. mix	ed background)		
No consent			3				
What is your child's reli	gion?						
Roman Catholic Methodist, Wesleyan Orthodox (Greek, Coptic, Rus Buddhist Atheist Christian Religion (not furthe Other Religions	sian) 🗖	Jewish	t		Presbyterian Muslim (Islamic) Hindu Lutheran Agnostic Evangelical No Consent		
I consent for the sensitive p transferred to the Departme their time in primary school.			•			•	• •
Signed:		Date: _					
Parent/Guardian							

For further information on POD please go to the Department of Education and Skills' website www.education.ie

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