

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

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

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Arrangements if child is sick in school: _____

Do you give permission?

1. For staff members to take your child straight to hospital in case of serious illness/accident?

Yes No

2. For your child to take part in The Stay Safe and R.S.E. Programmes? If you answer *no* you are obliged to inform your child's class teacher at the beginning of each school year.

Yes No

3. For school photographs/video to be taken of your child to be used to promote school activities?

Yes No

4. I give my consent for my child's data, including test scores, to be shared with any school to which my child may transfer

Yes No

5. I give my consent for my child to be withdrawn from class to participate in a social skills group.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

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 court order that affects the child's welfare and also the names of any persons into whose custody the child should /should not be given.

Does any legal order under family law exist that the school should know about?

Yes No

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Have you attached Birth Cert: Yes No Have you attached Baptismal Cert: (if applicable) Yes No

List other brothers & sisters if they are attending this school or are past pupils:

Data will be held in the school under the terms of The Data Protection Amendment Bill 2002 and subsequent Data Protection rules and regulations

Nationality _____

What is your child's 1st language (*mother tongue*) i.e. the primary language spoken in your home:

I/We wish to apply to enrol my child in Scoil Naomh Fiachra and I agree to abide by the Rules and Policies of the school as set out by the Board of Management.

Where both parents are legal guardians, both must sign the enrolment application form.

Signed: _____ Parent/Guardian

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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 Census of Population)

- | | | | | | |
|---|--------------------------|-----------------|--------------------------|--------------------------------|--------------------------|
| White Irish | <input type="checkbox"/> | Irish Traveller | <input type="checkbox"/> | Roma | <input type="checkbox"/> |
| Any other White Background | <input type="checkbox"/> | | | Black or Black Irish - African | <input type="checkbox"/> |
| Black or Black Irish - Any other Black Background | <input type="checkbox"/> | | | Asian or Asian Irish – Chinese | <input type="checkbox"/> |
| Asian or Asian Irish - Any other Asian background | <input type="checkbox"/> | | | Other (inc. mixed background) | <input type="checkbox"/> |
| No consent | <input type="checkbox"/> | | | | |

What is your child's religion?

- | | | | | | |
|--|--------------------------|------------------------------|--------------------------|------------------|--------------------------|
| Roman Catholic | <input type="checkbox"/> | Church of Ireland (Anglican) | <input type="checkbox"/> | Presbyterian | <input type="checkbox"/> |
| Methodist, Wesleyan | <input type="checkbox"/> | Jewish | <input type="checkbox"/> | Muslim (Islamic) | <input type="checkbox"/> |
| Orthodox (Greek, Coptic, Russian) | <input type="checkbox"/> | Apostolic or Pentecostal | <input type="checkbox"/> | Hindu | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | Jehovah's Witness | <input type="checkbox"/> | Lutheran | <input type="checkbox"/> |
| Atheist | <input type="checkbox"/> | Baptist | <input type="checkbox"/> | Agnostic | <input type="checkbox"/> |
| Christian Religion (not further defined) | <input type="checkbox"/> | Protestant | <input type="checkbox"/> | Evangelical | <input type="checkbox"/> |
| Other Religions | <input type="checkbox"/> | No Religion | <input type="checkbox"/> | No Consent | <input type="checkbox"/> |

I consent for the sensitive personal data in the two questions above 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: _____ Date: _____

Parent/Guardian

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