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 2024-2025

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:	Email:					
	Work Telephone:						
Father's Details:							
First Name:	Surname:	Work Number:					
Mobile Number:	Home Telephone:	Email:					

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

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Arrangements if child is sick in school:
Do you give permission?
 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 <i>no</i> you are obliged to inform your child's class teacher at the beginning of each school year.
Yes No
 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 I give my consent for my child to be withdrawn from class to participate in a social skills group.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?

No

Yes

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

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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 t	they are atten	ding this school or are past pupils:		
Data will be held in the school Data Protection rules and regul		ms of The Data Protection Amendment Bill 2002 and	subseq	— uent
Nationality				
What is your child's 1 st langaug	ge (mother tor	ngue) i.e. the primary langauge spoken in your home	:	
the school as set out by the Bo	oard of Manag	I Naomh Fiachra and I agree to abide by the Rules agement.		
Signed:		Parent/Guardian		
Signed:		Parent /Guardian		
Where both parents are legal ϵ	guardians, bo	th must sign the enrolment application 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 cultu (Categories based on the Ce	_		does your o	hild be	long (please tick c	one)?	
White Irish	☐ Irish Tra	veller 🗆] Roma				
Any other White Background	d 🗆		Black or	Black Ir	ish - African		
Black or Black Irish - Any oth	er Black Backg	round 🗀	Asian o	Asian Ir	ish – Chinese		
Asian or Asian Irish - Any oth	ner Asian back	round 🗖] Other (inc. mixe	ed background)		
No consent			1				
What is your child's reli	gion?						
Roman Catholic Methodist, Wesleyan Orthodox (Greek, Coptic, Rus Buddhist Atheist Christian Religion (not furthe Other Religions I consent for the sensitive partners ferred to the Department	ssian) I I I I I I I I I I I I I I I I I I	Jewish Apostolic of Jehovah's N Baptist Protestant No Religion	questions abo	U U U U U U U U U U U U U U U U U U U		=	• •
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