



Office Use Only

Start Date: _____	Teacher: _____
Class: _____	

Child's Details:

Name(as per Birth Cert): _____	
Date of Birth: _____	Country of Birth: _____
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Nationality: _____
PPS Number: _____	Religion: _____
Address: _____	Date/Place of Baptism(if applicable): _____
Postcode: _____	
Name of person(s) with whom the child resides:	
1 _____	2 _____

Family Details:

Mother's Name _____	Father's Name _____
Maiden Name: _____	
Occupation: _____	Occupation: _____
Ph. No: Home: _____	Ph. No: Home: _____
Work: _____	Work: _____
Mobile: _____	Mobile: _____
Address: _____	Address: _____
Email: _____	Email: _____
Does your child have siblings attending this school? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Names of siblings: _____	
Does any legal order under family law exist that the school should know of? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(If yes please furnish details to the school office)	

Educational Details:

Name of Pre-school/previous school: _____

Name of teacher: _____

Phone No: _____

Does your child have any specific learning difficulties? Yes No

Do you have any educational concerns about your child? Yes No

Does your child have any educational assessment &/or other reports? Yes No

If you have answered Yes to any of the above please give details:

Permission to contact/liaise with previous school/teacher? Yes No

Name of 2 friends you would like your child to be placed with:

1 _____ 2 _____

Medical Details:

Family Doctor: _____ Phone No.: _____

Does your child have a medical card?: Yes No

Medical Card No.: _____

Does your child suffer from any medical conditions, disabilities &/or allergies?:

Yes No If Yes please give details: _____

Other Contacts: (Not Parents / Guardians)

(Nominated persons to collect your child &/or to be contacted should parents not be available)

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone No.: _____ Phone No.: _____

Mobile No.: _____ Mobile No.: _____

Checklist

1. A Passport Photo

2. Copy of Original Birth Cert

3. Baptisimal Cert

4. Relevant Reports

(Please note that Baptisimal Cert only required if baptised outside of Youghal and you wish your child to receive First Communion & Confirmation in the future)



Bunscoil Mhuire

Youghal

O'Brien's Place, Youghal, Co. Cork
(024) 93234
secbsm@bunscoilmhuiire.com
www.bunscoilmhuiire.com
Roll No. 20024C

Consent Form

Name of Child: _____

Date: _____

I give permission for my child (Please confirm your permission by ticking the boxes)

- To taste food in school. It is the responsibility of the parents/guardians to notify the school of food allergies.
- To be given a change of clothes should the need arise.
- To participate in outings & activities outside of the school grounds.
- To be photographed or video recorded during school activities. These photographs/videos may be used for displays in school, for Open Days and in local and national publications.
- To have their photograph and samples of their work published on the school website/Facebook Page.
- To be withdrawn from class in a group or individually for learning or supplementary teaching support and assessment.

I give permission for the staff of Bunscoil Mhuire and school authorities

- To act on my behalf in case of emergency or accident and to take such action as may be necessary for the benefit of my child. This decision is to be taken by the staff member in charge at the time of the accident/emergency.
- To consult with outside agencies if required on behalf of my child.

Signed: _____

Date: _____

Parent/Guardian



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School Policies

Name of Child: _____

Date: _____

I have read the policies listed below and agree to co-operate with their implementation (Please confirm your agreement by ticking the boxes)

- The Code of Behaviour
- The Anti-Bullying Policy
- Uniform Policy
- The Mobile Phone Policy
- The Acceptable User Policy
- Child Protection Policy & Safeguarding Statement

Signed: _____

Date: _____

Parent/Guardian

Online copies of the above mentioned policies can be found on our school website:

www.bunscoilmuire.com

If you wish to receive a hard copy of any of the policies please ask at the office where we would be happy to facilitate your request.



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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. The database allows the Department 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 including their PPSN, First Name, Surname, Name as per Birth Certificate, Mother's Birth Surname, Address (including Eircode), Date of Birth, Gender, Nationality, whether the pupil is in receipt of an Exemption from Irish and if so the reason for same, and whether the pupil is in a Mainstream or Special Class. The database will record the class grouping and standard the pupil is enrolled in. The database will also contain, on an optional basis, information on the pupil's religion, on their ethnic or cultural background and whether one of the pupil's mother tongues is English or Irish. **In order to assist with the gathering of data please complete this form in CAPITAL LETTERS and return to the school. The second page of this form will be retained by the primary school.**

Teacher/Class Name _____

Current Standard

Junior Infants Senior Infants First Class

Second Class Third Class Fourth Class

Fifth Class Sixth Class Special Class

Pupil Forename: _____

Pupil Surname: _____

PPSN of Pupil _____

Mother's Birth Surname _____

Pupil's Date of Birth _____

Pupil's Gender: Male Female

Birth Cert Forename (if different from name above)

Birth Cert Surname (if different from name above)

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Pupil Address _____

Eircode

County _____

(See <https://finder.eircode.ie/> for Eircode)

Nationality _____

(In the case of dual citizenship, please specify both nationalities)



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The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. Religion and ethnic and cultural background are special category data under the General Data Protection Regulation (GDPR). Mother tongue is personal category data requiring consent for collection. While these questions are optional, written consent is sought by the student's school to record this information and for the school to forward this information to the Department.

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. Aggregated information on religion will be used for statistical purposes only. Mother tongue is collected to identify, monitor and evaluate the need for English as an additional language (EAL) support. Parents/guardians have the option to identify their children's religion, ethnic background or if mother tongue is English or Irish 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.

Special category data

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

What is your child's religion?

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

Personal category data

Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English?

Yes No No Consent

I consent for the special category data in the two questions and the personal category data question 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

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