



Scoil Niocláis Enrolment Application Form

Child's Name

Frankfield, Grange, Cork

Tel: 021 489 9567 | Mobile: 086 458 2103 | Email: scoilnioclaisfrankfield@gmail.com | www.scoilnioclais.ie

Pupil's forename: Pupil's surname:
Birth Cert forename: Birth Cert surname:
Country of birth: Language spoken at home:
Address:
Eircode: Gender:
Child's P.P.S. Number: Date of birth:
Siblings currently enrolled in SN: No. of children in family: Place of child:
Siblings of past pupil, name:

*Application for ASD class: **Office use only.** Date received

Does your child have a diagnosis of Autism Spectrum Disorder?

Please tick as appropriate:

I have read and accept the school's admission policy

I have attached a copy of my child's birth certificate

I have attached a copy of my child's assessment report outlining a diagnosis of ASD and a report recommending a placement for my child in an ASD class

Please note: Applications cannot be processed without a copy of child's birth certificate and relevant reports which must include a Psychologist's letter of recommendation for placement in a special ASD class.

Mother's / Guardian's name

Occupation:

Home Phone:

Mobile Phone:

Email:

Father's / Guardian's name:

Occupation:

Home Phone:

Mobile Phone:

Email:

Does your child have any medical conditions / allergies?
(If yes, please describe briefly)

Yes No

Alternative contact details in the event of an emergency

Name:

Relationship to child

Phone Number:

Name:

Relationship to child

Phone Number:

Permission - Please tick and sign

I give permission for my child's image (in a group setting) to appear on the school website press photos

I give permission for my child to participate in educational trips and tours

Signed (Parent/Guardian): _____ Date: _____

POD Information - Please note that if your child enrolls in the school, we are required to enter their information details onto the Department of Education's Primary Online Database (POD).



The following questions are optional.

The Department of Education 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. While these questions are optional, the information would be very useful to the Department for statistical and research purposes.

- **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 - African	<input type="checkbox"/>		
Any other Black background	<input type="checkbox"/>	Asian	<input type="checkbox"/>		
Any other Asian background	<input type="checkbox"/>	Other (inc. mixed background)	<input type="checkbox"/>	No Consent	<input type="checkbox"/>

- **What is your 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 Religions	<input type="checkbox"/>	No Consent	<input type="checkbox"/>

I consent to 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 (Parent/Guardian): _____ Date: _____



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