



Bangor Erris NS

CONFIDENTIAL
REGISTRATION FORM School Year ___ / ___

Uimhir Rolla: 13684H

Please complete in BLOCK CAPITALS	CLASS: Junior Infants
Pupil's Name:	Name in Irish: (Optional)
Date of Birth:	Male/Female
P.P.S. Number:	Country of Birth:
Address:	Nationality:
Line 1	If born outside the country, year of arrival in Ireland:
Line 2	Languages spoken in the home:
Eircode:	
Parent/Guardian Details	Parent/Guardian Details
First Name:	First Name:
Last Name:	Last Name:
Relationship to child:	Relationship to child:
Phone No (Home):	Phone No (Home):
Phone No (Work):	Phone No (Work):
Phone No (Mobile):	Phone No (Mobile):
email Address:	email Address:
Names of brothers/sisters in this school:	

It is school policy to pass on the above information excepting Religion and Ethnicity to the Department of Education and Skills.

The Department holds an electronic database of Primary School pupils called the Primary Online Database (POD). Schools are required to return data on all pupils at individual pupil level on this live system. This allows the Department to evaluate progress and outcomes of pupils at primary level, validate school enrolment returns and to follow up on pupils who do not make the transfer from primary to post primary school. The data is also used for statistical reporting.

Please tick your agreement with the above statement.

Yes

No

Religion and ethnicity

Please fill in below if you are happy to consent to this information being stored on POD and transferred to the Dept of Education and skills :

To which ethnic background group does your child belong? Tick one please

- | | | | |
|------------------------|--------------------------|------------------------|--------------------------|
| White Irish | <input type="checkbox"/> | Roma | <input type="checkbox"/> |
| Other White background | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Irish Traveller | <input type="checkbox"/> | Black African | <input type="checkbox"/> |
| Asian | <input type="checkbox"/> | Other Black background | <input type="checkbox"/> |
| Other Asian background | <input type="checkbox"/> | | |

What is your child's religion? Tick one please

- | | | | | | |
|-------------------|--------------------------|---------|--------------------------|------------|--------------------------|
| Roman Catholic | <input type="checkbox"/> | Buddist | <input type="checkbox"/> | Hindu | <input type="checkbox"/> |
| Church of Ireland | <input type="checkbox"/> | Atheist | <input type="checkbox"/> | Agnostic | <input type="checkbox"/> |
| Presbyterian | <input type="checkbox"/> | Jewish | <input type="checkbox"/> | Lutheran | <input type="checkbox"/> |
| Methodist | <input type="checkbox"/> | Baptist | <input type="checkbox"/> | Protestant | <input type="checkbox"/> |
| Jehovah's witness | <input type="checkbox"/> | Muslim | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Are there any orders or other arrangements in place governing access to or custody of your child?

Yes

No

The school may share Personal Pupil Data with other organisations such as HSE, Tusla, An Garda Síochána, etc where there is a legal basis for doing so under GDPR.

Name of Previous School/Pre-school:

Address:

Principal's Name:

Phone No:

Please include the report from the playschool if applicable.

***Additional* local relatives contact names, to be contacted in emergencies**

1. Name:		
	Relationship to child:	Phone No:
2. Name:		
	Relationship to child:	Phone No:
3. Name:		
	Relationship to child:	Phone No:

Please tick	Yes	No
Have you attached a Birth Certificate for your child?	<input type="checkbox"/>	<input type="checkbox"/>

ALL Relevant Medical Information:

Family Doctor:

Phone No:

Have you any medical concern/allergies / information of relevance in relation to your child that the school should be aware of :

Has your child any Special Educational Needs?

Eg attended Speech Therapy / Occupational Therapist / Educational Psychologist or had any other interventions relevant to your child's education.

Details:

Please include the report if applicable.

I/we wish to enrol my/our child in Bangor Erris NS	
Signed: _____	Parent/Guardian Date: _____
Signed: _____	Parent/Guardian Date: _____
Both Parents/Guardians to sign above	

SCHOOL USE ONLY	
If the language spoken at home is NOT English, an Appointment with our E.A.L. (English as Another Language) teacher is required.	
Date of Appointment: _____	Time: _____
Teacher: _____	
DATE RECEIVED :	
INTENDED START DATE :	
CLASS :	
REGISTER NUMBER / CLÁRUIMHIR :	

