



If applicant has sibling(s) in Junior or Senior School at present please state siblings name and class:

Name: ..... Class: .....

Name: ..... Class: .....

Is your child on medication or does he/she have any medical allergies? .....

Does your child have any speech and language problems? .....

Please specify if your child is being seen by any agency - e.g. Mater CAHMS, CRC, etc. ....

Does any legal order under family law exist that the school should be aware of? .....

Are there any other issues the school should be aware of? .....

**I certify that all the information and documentation provided is accurate and I give consent that I may be contacted by the school through telephone, text, email or post.**

**Signed:**..... **Date:** .....

**Information for Department of Education and Skills Primary Online Database (POD)**

Mother's Birth Surname: .....

Is English your child's mother tongue (language spoken at home)? .....

**Child's ethnic or cultural background : Please tick  for one of the following:**

- |  |  |                               |
|--|--|-------------------------------|
| 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, including mixed background <input type="checkbox"/> | No                            |
| Consent <input type="checkbox"/>   |  |                               |

**Child's religion : Please tick  for one of the following:**

- |   |  |                                       |   |                                   |
|---|--|---------------------------------------|---|-----------------------------------|
| Roman Catholic <input type="checkbox"/>           | Church of Ireland (Anglican) <input type="checkbox"/>            | Presbyterian <input type="checkbox"/> | Hindu <input type="checkbox"/>            | Lutheran <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"/>                | Baptist <input type="checkbox"/>      | Buddhist <input type="checkbox"/>         |                                   |
| Jehovah's Witness <input type="checkbox"/>        | Atheist <input type="checkbox"/>                                 | Protestant <input type="checkbox"/>   | Agnostic <input type="checkbox"/>         |                                   |
| Evangelical <input type="checkbox"/>              | Christian religion, not further defined <input type="checkbox"/> |                                       | Other Religions <input type="checkbox"/>  |                                   |
| No Religion <input type="checkbox"/>              | No Consent <input type="checkbox"/>                              |                                       |   |                                   |

**I consent to the above information being stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary school my child may transfer to during the course of their primary education.**

**Signed:** ..... **(Parent / Guardian)** **Date:**.....