

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 Irish Traveller Roma No Consent

Any other White background Black or Black Irish - African

Black or Black Irish - any other Black background Asian or Asian Irish - Chinese

Asian or Asian Irish - any other Asian background Other, including mixed background

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

Roman Catholic Church of Ireland (Anglican) Presbyterian Hindu

Lutheran Methodist, Wesleyan Jewish Muslim (Islamic)

Orthodox (Greek, Coptic, Russian) Apostolic or Pentecostal Baptist

Buddhist Jehovah's Witness Atheist Protestant

Agnostic Evangelical Christian religion, not further defined

Other Religions No Religion No Consent

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: