Scoil Náisiúnta Cill Churnáin
Kilcornan,Co.Limerick
V94XF95
Phone No: 061393304

Príomhoide: Shirley Balfry

email: secretary@kilcornanns.ie
website: www.kilcornanns.ie

Application for Admission of New Pupils 2025-2026

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. This information will be used 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. The database will also contain, **on an optional basis**, information on the pupil's religion and on their ethnic or cultural background. The data required for POD is marked with an **asterisk** *and will only be uploaded to POD **if your child is enrolled.** All other data we need for the efficient running of the school. **In order to assist with the gathering of data please complete the form in CAPITAL LETTERS and return to the school. This form will be retained by the school.**

*** Pupil First Name: _____ *Pupil Surname: _____**

*** Birth Cert First Name (if different from above)** *** Birth Cert Surname (if different from above)**

_____ _____

*** Pupil Address: _____**

*** Eircode: _____**

"Date of Birth:_____ *PPSN _____ * Gender Male [ ] Female [ ]

*** Mother's maiden name _____ * County _____ *Nationality _____**

***Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English Yes [ ] No [ ]**

*** Religion _____**

Do you consent to uploading data relating to religion to POD Yes [ ] No [ ]

*** To which ethnic or cultural background group does your child belong (please tick one)?**

White Irish [ ] Irish Traveller [ ] Roma [ ] Black African [ ]

Any other White Background [ ] Any other Black Background [ ] Chinese [ ]

Any other Asian background [ ] Other (inc. mixed background) [ ]

Do you consent to uploading data relating to ethnicity to POD Yes [ ] No [ ]

The following information is required for the efficient running of the school and will not be uploaded to POD:

E-mail:_____

Previous School/ pre school attended:_____

Mother's Name: _____ Telephone No: _____

Occupation: _____ Work Number: _____

Father's Name: _____ Telephone No: _____

Occupation: _____ Work Number: _____

I do /do not give permission for my child to receive additional help from the Special Education Teachers in school.
(Parents will be notified should it be recommended that their child would benefit from additional support)

Does your child have any special educational needs? Yes/No

If yes, please provide details:

_____

_____

Is/has your child been attending any additional agencies (speech and language, occupational therapy, CAMHS etc...)? Yes/No

If yes, please provide details:

_____

_____

Medical History (including any relevant reports assessments):

_____

_____

Allergies: _____

Medication: _____

Doctor Name & Phone Number: _____

If Parent(s)/Guardian(s) are not available, please contact:

Name: _____Relationship: _____Phone No: _____

Name: _____Relationship: _____Phone No: _____

Our child can be taken directly to hospital in case of emergency if we cannot be contacted: YES / NO

Please make the school aware as early as possible of any family situation such as bereavement, or separation that could impact on your child, so that we can be as supportive as possible.

<u>Please answer YES or NO to the following *(please circle as appropriate)*</u>:

- **Our child is allowed to take part in the relationships & Sexuality Education (RSE) Programme: YES / NO**
- **Inclusion of our child's photographs on the school website: YES / NO**
- **Inclusion of our child's photographs on the school Facebook page: YES / NO**
- **Inclusion of our child's photographs on the school Instagram page: YES / NO**
- **Inclusion of our child's photographs in a local/national newspaper: YES / NO**
- **Information may be shared with other agencies e.g H.S.E. who require it: YES / NO**
- **Our child's uniform being changed by adult member of staff in the presence of another adult in case of illness or toilet accident: YES / NO**
- **Use of a nominated mobile number by the school for Text-a-Parent and emergencies. Please nominate one mobile number:**

  _____

- **We will support & co-operate with the staff of the school: YES / NO**

- **We have read and accept Kilcornan National School's Code of Behaviour and Anti Bullying Policy: YES / NO**
- **(Policies are available to view on the school website or a hard copy can be requested by contacting the school secretary)**

- **Copy of Birth Certificate is attached: YES / NO**
- **Copy of Baptismal Certificate is attached (not necessary if baptised in Kilcornan): YES / NO**

Signature Parent/Guardian 1: **Signature Parent/Guardian 2:**

_____ **_____**

Date: ____/____/____

NB: Please return this Application Form and the Guardianship form, on or before Friday March 7th 2025

Applications can be returned by e mail secretary@kilcornanns.ie or posted to: Principal, Kilcornan National School, Kilcornan, Co. Limerick V94 XF95

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Kilcornan National School Guardianship Information

Everyone who is a legal guardian, whether custodial or non custodial has (in the absence of a Court Order limiting these rights) the same entitlement to participate in decisions about a child's education and receive or have access to, information about the child. This form has been devised to facilitate Kilcornan National School in determining the individual arrangements/agreements in place in respect of each child attending this school. All information provided in this form will be dealt with in a confidential manner and will only be communicated to members of staff other than the Principal on a need to know basis.

Pupil's Name	
Class	

Address(es) at which pupil resides during the school week:	
Telephone/mobile	
E mail	

Name of custodian(s) of pupil:			
Mother ☐	Father ☐	Grandparent ☐	Other ☐

If 'other' please specify:

.....
.....
.....

Legal Guardians

Name of Legal Guardian 1			
	Mother ☐	Father ☐	Other ☐
Address			
E mail			
Telephone/Mobile			

Name of Legal Guardian 2			
	Mother ☐	Father ☐	Other ☐
Address			
E mail			
Telephone/Mobile			

Receipt of School Communications (please tick the boxes as appropriate)

All information to be given to the primary custodial guardian only	
All information to be given to the primary custodial guardian and information of an important nature (school reports, notice of school events, information pertaining to Religious Education, SPHE, correspondence regarding behaviour or special educational needs) to be sent to the non custodial guardian	
All information, both day to day and of an important nature to be sent to both guardians	
If the pupil resides with a person or persons other than their legal guardian/s, please indicate your agreement (as legal guardian/s of the child) to the custodian of the pupil also receiving copies of all information	

Consent forms (please tick the appropriate box to indicate who will be responsible for signing consent forms)

The primary custodial guardian	
The non custodial guardian	
All guardians	

It should be noted that in the event that consent of both guardians is required, a child will be prohibited from engaging in an activity unless written consent has been received from both guardians

Collection of pupil from school

Please provide the names of the people authorised to collect the pupil from the school

In the event that the pupil is being collected from the school premises prior to the end of the school day, who will provide written notification of this?

Signatures

Legal Guardian 1		Date:
Legal Guardian 2		Date:

You are kindly requested to provide the school with copies of any court orders that may be in place restricting a guardian's access to or communication with the pupil