

Dalystown National School

Dalystown, Mullingar.

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Principal: Charlie Moore
Deputy Principal: Mairead Dunbar

School Website: <https://dalystownns.ie/>

Application for Enrolment of New Pupils for Year 2026-2027

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 Certificate First Name (if different from above): _____	
* Birth Certificate Surname (if different from above): _____	
Irish version of Child's Name: _____	
* Pupil Address: _____	

* Date of Birth: _____	* PPSN: _____
* Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
*County: _____ * Nationality: _____	

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Father's Name: _____		
Phone No: Home	Mobile	Work
Email address: _____		

Father's Occupation: _____

Mother's Name: _____

*Mother's Maiden Name: _____

Phone No: Home _____ Mobile _____ Work _____

Email address: _____

Mother's Occupation: _____

Please nominate one mobile phone number for school Text-a-Parent and emergencies: _____

Child-minder's Phone No (where appropriate): _____

Alternative Contact Name and Number: _____ No: _____

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

* Religious Denomination: _____

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):

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

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

Any other Asian Background [] Other (incl. Mixed Background) _____

Do you consent to uploading data relating to ethnicity to POD? Yes No

Name of Playschool attended: _____

Number of years in Playschool: (please specify) _____

Previous school attended (if applicable): _____

Total Number of Children in Family: _____

Place in Family (e.g. First / Second Child): _____

Name(s) of Siblings in the school: _____

Class of Siblings: _____

Religion: _____

If Roman Catholic: Was child baptised Yes No First Holy Communion Yes No

Referral to Other Agencies

Has your child been referred to any other outside agency e.g. Speech Therapist, Social Worker, Psychologist, Other Specialist, Early Intervention Services.

Yes No

Please include any relevant reports or assessments. _____

Has Your child received support from:-

Learning Support Teacher Resource Teacher Other

Has your child been assessed by any of the following?

Educational Psychologist Occupational Therapist Speech & Language Therapist
Other

If any of the above applies to your child, please sign below to give permission, so that we may obtain copies of reports from previous school. Failure to disclose any of the above can cause unnecessary delays in having resources in place before your child comes to school.

Signed: _____ Date: _____

Medical History

Please outline if your child has ever experienced a childhood illness e.g. illness type, hospitalisation.

Does your child have any special needs and/or medical condition?

Yes No

If yes, please specify: _____

Does this condition require the administration of medication either on a regular or an emergency basis during school hours?

Yes No

NB

If yes, please contact the Principal before your child starts school so that procedures can be put in place to administer medication in compliance with the school's policy on the Administration of Medication.

Medical Information

Name of Family Doctor: _____ Contact No: _____

Does your child suffer from any of the following conditions?

Asthma [] Diabetes [] Epilepsy [] Allergies []

Hearing Difficulties [] Sight Difficulties [] Speech Difficulties []

Other (please specify) _____

Medical Information Continued

Please tick boxes as appropriate

	Satisfactory	Unsatisfactory	Comment
1. Vision	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Hearing	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Physical Co-ordination	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Speech (articulation)	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. - Language	<input type="checkbox"/>	<input type="checkbox"/>	_____
- Expression	<input type="checkbox"/>	<input type="checkbox"/>	_____
- Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Temperament	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Sociability	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Concentration	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. General Alertness	<input type="checkbox"/>	<input type="checkbox"/>	_____

Any other comments:

Developmental Checklist

Please tick boxes as appropriate

	Normal	Abnormal	Comment
Birth History	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Development Milestones</u>	Yes	No	
Walking (by 18 months)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Talking (by 2 years)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toilet trained (by 3 years)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Laterality:	Right-handed [<input type="checkbox"/>]	Left-handed [<input type="checkbox"/>]	Mixed [<input type="checkbox"/>]

Give details and specify any condition not listed above which might be considered to affect the child's ability to benefit from school.

Please answer Yes or No to the following (please tick as appropriate)

We consent to the inclusion of photographs/ videos to be taken of our child in school, for school display/for use in a local/national newspaper etc.

Yes No

We consent to the inclusion of our child on the school's Facebook Page and School Website. Please note that a child's name will never accompany a child's image on the school's Facebook Page or School Website.

Yes No

We consent to the use of the above email address for communication/correspondence between school and home.

Yes No

We consent to the child attending school related outings e.g. visit to Secondary School, Field Trips and Arts Centre, School Tours etc.,

Yes No

We consent to give permission for our child to take part in the Relationship & Sexuality Education (RSE) and Stay Safe and Walk Tall Programmes.

Yes No

We consent to give permission for my child to receive additional help from Learning Support in school. (Parents will be notified should it be recommended that their child would benefit from L.S)

Yes No

We consent to our child being taken to hospital in the case of emergency, serious illness or accident.

Yes No

We consent to information being shared with other agencies e.g. HSE, who require it.

Yes No

Does any legal order under Family Law exist that the school should be aware of? Yes No

The school should be made aware of any court order which affects the child's welfare and also the name of any person into whose custody the child should not be given.

We have received, read and will adhere to school's Code of Behaviour. Yes No

We will co-operate with the staff and support the ethos of the school. Yes No

Note: All forms must be completed in full and returned to the school, along with a copy of your child's Birth Certificate and PPS number.

Signature Parent/Guardian 1: _____ Date: _____

Signature Parent/Guardian 2: _____ Date: _____