

# ***Dalystown National School***

## ***Dalystown, Mullingar.***

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**Principal: Charlie Moore**  
**Deputy Principal: Mairead Dunbar**

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

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### **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 ☐ Female ☐

\*County: \_\_\_\_\_ \* Nationality: \_\_\_\_\_

<sup>2</sup>

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 Background [ ☐ ] 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:

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## Developmental Checklist

*Please tick boxes as appropriate*

	Normal	Abnormal	Comment
Birth History	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b><u>Development Milestones</u></b>	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.

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***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: \_\_\_\_\_