



Glencorrib N.S.

Glencorrib, Shrule, Via Galway, Co.Mayo

www.glencorribns.ie

glencorribns@gmail.com

093 31415

Pupil Surname:		Pupil First Name:		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Nationality:	
Address:						Eircode:	
PPS No.		Date of Birth:		Religious Denomination:			
Baptised:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Place of Baptism:		Date of Baptism:		
Previous Education:				Class:			
Medical History:				Allergies:			
Doctor:				Doctor's Phone No.			
Other Information (List any problems the child may have in relation to health or any medication they may be taking)							
Father's Details				Mother's Details			
Name:				Name:			
				Maiden Name:			
Occupation:				Occupation:			
Phone(H):				Phone(H):			
Phone(W):				Phone(W):			
Mobile:				Mobile:			
Email:				Email:			
Please attach Birth Certificate and Baptismal Certificate with this form.							
In case of emergency and when parents are not available, please provide the names and phone numbers of up to three persons who may be contacted:							
Name _____		Phone _____		Name _____		Phone _____	
Name _____		Phone _____		Name _____		Phone _____	
Name _____		Phone _____		Name _____		Phone _____	
Do you give permission for your child to attend the Special Education Teacher? (If deemed necessary)						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you give permission for your child's image to be used on our school website?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
We agree to co-operate with and support the School / Board of Management's Code of Behaviour, school rules and all other school policies on curriculum, organisation & management.							
(Please note that school policies will be reviewed and may be amended or updated as the Board of Management see fit.)							
Parents' Signatures _____				Date _____			
The following 2 questions are asked on behalf of the Department of Education, you may tick the "no consent" box if you do not wish to answer:?"							
1. To which ethnic or cultural background group does your child belong (please tick one)? (Categories based on the Census of Population)							
White Irish	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>	Roma	<input type="checkbox"/>	Black or Black Irish - African	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>	Black or Black Irish - Any other Black Background	<input type="checkbox"/>	Asian or Asian Irish - Chinese	<input type="checkbox"/>	Other (inc. mixed background)	<input type="checkbox"/>
Asian or Asian Irish - Any other Asian background	<input type="checkbox"/>						
No Consent <input type="checkbox"/>							
2. What religion is your child? _____							
No Consent <input type="checkbox"/>							
I consent for the sensitive personal data in the two questions above to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.							
Parents' Signatures _____				Date _____			