



Glencorrib N.S.

Glencorrib, Shrile, Via Galway, Co. Mayo

www.glencorribns.ie

glencorribns@gmail.com

093 31415

Please complete all sections in clear BLOCK CAPITALS. This helps us ensure your information is recorded accurately.

Section 1: Child's Personal Details

1. Full Name: _____

2. Date of Birth: _____

3. PPS Number: _____

4. Address at which the child resides:

5. Eircode: _____

6. Nationality: _____

Section 2: Parent/Guardian Contact Details

Mother/Guardian 1

1. Full Name: _____

2. Maiden Name: _____

3. Nationality: _____

4. Occupation: _____

5. Work Telephone: _____

6. Mobile Number: _____

7. Email Address: _____

Father/Guardian 2

1. Full Name: _____

2. Nationality: _____

3. Occupation: _____

4. Work Telephone: _____

5. Mobile Number: _____

6. Email Address: _____

Family Information

1. With whom does your child normally reside? _____
2. Does your child have any siblings? _____
3. The school should be made aware of any court order which affects the child's welfare and the name of any person into whose custody the child should not be given:

Emergency Contacts (when parents/guardians are unavailable)

(Please provide up to three contacts authorised to collect your child)

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

Section 3: Religious Details

1. What is your child's religious denomination? _____
2. If Catholic, where and when was your child baptised? _____
3. Will your child participate in religious lessons in the school? ☐ Yes ☐ No

Section 4: Educational Details

1. Did your child attend preschool? ☐ Yes ☐ No
If yes, where and for how long? _____
2. Has your child had any psychological assessments? ☐ Yes ☐ No
If yes, please give details and include a copy of the report:

3. Has your child had any speech and language assessments? ☐ Yes ☐ No
If yes, please give details and include a copy of the report:

4. Has your child had any Occupational Therapy (OT) assessments? ☐ Yes ☐ No
If yes, please give details and include a copy of the report:

5. Have you any concerns in relation to your child's development that you think the school should be made aware of?

Section 5: School Transfer Details *(To be completed only if transferring from another primary school)*

1. Previous School(s) Name(s): _____
2. Address(es):

3. Telephone Number(s): _____
4. What class is your child currently in? _____
5. Reason for transfer:

6. Have you enclosed a copy of your child's most recent school report? ☐ Yes ☐ No

Section 6: Medical Information

1. Doctor's (GP) Name: _____
2. Doctor's Phone Number: _____
3. Does your child have any food or medicine allergies? ☐ Yes ☐ No
If yes, please give details:

4. Please list any conditions, syndromes, or diagnoses your child may have in relation to health (e.g. epilepsy, asthma, sight, hearing, speech, fainting, frequent nose bleeds, emotional or behavioural needs) which may affect your child in school:

5. Is there any other relevant information about your child, medical or otherwise, that the school should know?

Section 7: Department of Education and Youth Data Collection

The following 2 questions are asked on behalf of the Department of Education and Youth. You may tick "No consent" if you do not wish to answer.

1. To which ethnic or cultural background does your child belong? (Please tick one)

☐ White Irish ☐ Irish Traveller ☐ Roma ☐ Any other White background

☐ Black or Black Irish ☐ Any other Black background

☐ Asian or Asian Irish ☐ Chinese ☐ Any other Asian background

☐ Other (including mixed background) ☐ No consent

2. What religion is your child?

☐ No consent

Consent Statement

I consent to the data provided in the two questions above being stored on the Primary Online Database (POD) and transferred to the Department of Education and Youth and to any other primary schools to which my child may transfer during the course of their primary education.

1. Signature(s) _____

2. Date: _____

Section 8: Final Declarations for school

1. Mother's /Guardian 1 Signature: _____

2. Father's /Guardian 2 Signature: _____

3. Date: _____

Please tick to confirm you have included the following documents:

☐ A completed copy of the "Glencorrib N.S. Parental Consent & Permission Form" (available on our website)

☐ A copy of your child's Birth Certificate

☐ A copy of your child's Baptismal Certificate (if applicable)

☐ Copies of assessments (e.g. Speech & Language, Occupational Therapy, Educational Psychology reports), if applicable

☐ A copy of your child's most recent school report (if transferring from another school)