

# ST LAURENCE'S NATIONAL SCHOOL

Grange Road & Brookstone Road  
Baldoyle  
Dublin 13

Phone: 01 8326782/8322938  
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## JUNIOR INFANTS ADMISSION FORM

**Please complete all sections of this form as incomplete forms cannot be processed.**

Please note that questions marked \* is information that is required for Department of Education and Skills Primary Online Database.

Return to the school office as soon as possible, along with a copy of your son/daughter's birth certificate.

PERSONAL			
*Childs Name:		*Date of Birth:	
*Birth Cert Name if different			
*Address:		*PPSN No:	
		Childs Place in Family:	
*Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Religion		*Nationality:	
	Is one of the pupil's mother tongues English or Irish? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Brother/Sister in school:		Brother/ Sister Class:	

MOTHERS DETAILS			
*Mother's Maiden Name:		Home No:	
Address (if different from child):		Mobile No:	
Email address:		Work No:	
Nationality:		Occupation:	

FATHERS DETAILS			
Father's Name:		Home No:	
Address (if different from child):		Mobile No:	
Email address:		Work No:	
Nationality:		Occupation:	

PARENTS / GUARDIANS	
Marital Status:	Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>
Guardianship: (Please tick <input checked="" type="checkbox"/> )	Mother <input type="checkbox"/> Father <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> <i>please give details</i>
Where a child is living with one parent it is important that we are informed re the following: Who is to receive School Reports / attend Parent Teacher Meetings?	

Are there any legal arrangements / custody orders that we should be informed of in the interest of your child?

**MEDICAL**

Doctors Name & Phone No:

Health Allergies / Medications

**EDUCATIONAL**

Any Special Educational Needs

Any Physical Needs

Name of Playschool or Montessori your child attended:

**CHILD MINDERS / PEOPLE WHO HAVE PERMISSION TO COLLECT YOUR CHILD FROM SCHOOL**

Name(s):

Address:

Phone:

1.

2.

3.

**TRAVEL ARRANGEMENTS (Walk, Car, Bus, Bike)**

Mornings To School:

Afternoons From School:

**Below is Optional Pupil Information requested for Department of Education and Skills POD**

(If you decide you do not wish to answer please ✓ the 'No Consent' box)

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

(Categories based on the Census of Population)

White Irish

Irish Traveller

Roma

Any other White Background

Black or Black Irish - African

Black or Black Irish - Any other Black Background

Asian or Asian Irish - Chinese

Asian or Asian Irish - Any other Asian background

Other (inc. mixed background)

No consent

**\*What is your child's religion?**

- |   |   |  |
|---|---|--|
| Roman Catholic <input type="checkbox"/>                       | Church of Ireland <input type="checkbox"/><br>(inc. Protestant) | Presbyterian <input type="checkbox"/>    |
| Methodist, Wesleyan <input type="checkbox"/>                  | Jewish <input type="checkbox"/>                                 | Muslim(Islamic) <input type="checkbox"/> |
| Orthodox <input type="checkbox"/><br>(Greek, Coptic, Russian) | Apostolic or Pentecostal <input type="checkbox"/>               | Hindu <input type="checkbox"/>           |
| Buddhist <input type="checkbox"/>                             | Jehovah's Witness <input type="checkbox"/>                      | Lutheran <input type="checkbox"/>        |
| Atheist <input type="checkbox"/>                              | Baptist <input type="checkbox"/>                                | Agnostic <input type="checkbox"/>        |
| Other Religions <input type="checkbox"/>                      | No Religion <input type="checkbox"/>                            | 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.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For further information and to read revised POD Fair Processing Notice please go to the Department of Education and Skills' website [www.education.ie](http://www.education.ie)

**PERMISSION / CONSENT FORM**

I give permission for my child to take part in all school activities, including tours, walks, all sports, supervised internet access, choir, visits by Accord Counsellors etc, and to avail of basic First Aid (e.g. plasters, cold pack) if required.

School activities can only be photographed by school personnel for school use only.

I agree to allow my child's name, address and PPS Number to be furnished to other appropriate agencies with which the school has contact.

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Office Use Only*

*Date of Admission:..... Reg. No: ..... Class Teacher.....*