

St Colmcille's NS Enrolment Form 2026/ 2027

SECTION A:

CONTACT AND FAMILY DETAILS

Name of Child: _____

Date of Birth: _____

Home Address: (please print) _____

EIRCODE: _____

Nationality: _____

Ethnicity: _____

Religion: _____

Note: religion is not an admissions criterion and is for information purposes only

PPSN of child: _____

Previous school i.e. (Childcare Setting/Pre-Primary Education/Early Start Programme/From Home)

Parents Name: _____

Place of Employment: _____

Phone: _____

Email: (please print) _____

Parents Name: _____

Place of Employment: _____

Phone: _____

Email: (please print) _____

Details of siblings:

Name:	Date of Birth:
_____	_____
_____	_____
_____	_____

SECTION B:**HEALTH**

Does your child suffer from any allergies: Yes: ____ No: ____

Has your child attended Speech and Language Therapy? Yes: ____ No: ____

(If yes, please include report from therapist)

Has your child been assessed for any other concern? Yes: ____ No: ____

Any additional educational support that your child may require:

Please give details of any health conditions (asthma, eyesight, hearing, etc.).

SECTION C:**PERMISSIONS**

Names / Phone numbers of persons who have permission to collect your child at school.

Name: _____

Phone: _____

Custody Issues: In the case of a custody dispute who has **legal** rights to collect your child from school?

Accident:

In the event your child has an accident during school hours, which, In the opinion of the school authorities, would necessitate medical attention, the policy of the school is:

That your child be sent to Accident and Emergency

or

Your child will be seen by any available doctor

Family doctor: _____

Illness / Accident:

If your child should become ill, during school hours, and there is no reply to a telephone call to your home, please give the contact details of two persons we may phone.

Name: _____

Email: secretary@quayschool.ie

Tel: 098 26062 & 098 26829

Website: www.quayschool.ie

Uimhir Rolla: 13145A

Registered Charity No. 20129521

Address: _____
Phone: _____
Name: _____
Address: _____
Phone: _____

SECTION D:

PARENTAL / GUARDIAN CONSENT

Our Enrolment Policy is on our website – www.quayschool.ie. A copy of this is also available from the secretary's office on request. The school Code of Behaviour and Anti Bullying Policy may also be viewed on the school website. **Please read the following carefully and then tick the boxes as appropriate.**

I / we, the parent(s) / guardian(s) of the above named child confirm:	
I / we have read and understood the school Enrolment Policy.	
I/We accept that the school will keep information provided on file, and where necessary, will share information we hold concerning my/our child with the Department of Education and Skills.	
My child may participate in standardised school tests (Drumcondra, MIST etc.)	
The school may send me texts and emails regarding school events.	
I/we, understand my child may be brought out of school for trips (nature walks, tours)	
I/we give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE, school nurse, doctor, dentist, Presbytery, Secondary Schools, sporting events and school related activities etc.	
I/we give permission to allow my child's photograph/image/ work to be included in school-related activities, competitions, school website & school online media (please consult the school's Acceptable Use Policy: children's names and photos never appear together) etc.	
I / we have read the Code of Behaviour and the Anti Bullying Policy. I / we agree to assist the school in upholding the standards set out in these policies	

I wish to enrol my child _____ in St. Colmcille's NS.

I declare the above information to be correct and I consent to all of the above and understand that it will be treated as confidential.

PARENT 'S /GUARDIAN 'S SIGNATURE: _____ DATE: _____
 PARENT 'S /GUARDIAN 'S SIGNATURE: _____ DATE: _____

Please ensure that you have included a Birth Certificate and PPS Number.

PRINCIPAL'S SIGNATURE: _____ DATE: _____

We gather and process your child's personal data for the purposes of administering the education of your child. To facilitate this, we will input your child's data into the school's Management Information System which is a secure service application from where the data is only processed for the above purpose.

Pupil Information required for Department of Education and Skills Primary Online Database (POD)

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. Both religion and ethnic and cultural background are sensitive personal data categories under Data Protection legislation. These questions are optional. While these questions are optional, the information would be very useful

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Tel: 098 26062 & 098 26829

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to the Department for statistical and research purposes. Aggregated information on Ethnic/Cultural background will be used to track the progress of these groups, and to compare their progress with other groups, thereby identifying gaps in the system and assisting in the development and implementation of appropriate policies and interventions. Enhanced capitation in respect of pupils who are members of the Traveller Community will be paid to schools on the basis of the answers to this question. Aggregated information on religion will be used for statistical purposes only. Parents/guardians are asked, if they wish to do so, to identify their children's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. This page of the form will be retained by your primary school.

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

(Categories based on the Census of Population)

White Irish	☐
Roma	☐
Black or Black Irish - African	☐
Asian or Asian Irish - Chinese	☐
Other (inc. mixed background)	☐
Irish Traveller	☐
Any other White Background	☐
Black or Black Irish - Any other Black Background	☐
Asian or Asian Irish - Any other Asian background	☐
No consent	☐

What is your child's religion? (Please tick one)

Roman Catholic	☐	Church of Ireland	☐
Presbyterian (inc. Protestant)	☐	Methodist, Wesleyan	☐
Jewish	☐	Muslim (Islamic)	☐
Orthodox (Greek, Coptic, Russian)	☐	Apostolic or Pentecostal	☐
Hindu	☐	Jehovah's Witness	☐
Buddhist	☐	Baptist	☐
Atheist	☐	Lutheran	☐
Agnostic	☐	No Religion	☐
Other Religions	☐	No Consent	☐

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: _____ Parent/Guardian

Date: _____

For Office Use Only:
