

**Telephone: (021) 4307132**

**Email: northpres@gmail.com**

**Roll No: 20036J**

**Registered Charity Number: 20111717**

**ENROLMENT FORM 2020/2021**

**Part 1:**

**Class**

 **Junior Infants Senior Infants First Class Second Class Third Class**

**Fourth Class Fifth Class Sixth Class**

**Text a parent number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pupil Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pupil Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s PPSN No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pupil Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male Female

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is the language spoken at home Irish or English?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes or No

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous School (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* *I consent for this information to be stored in the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other Primary School my child may transfer to during the course of their time in Primary School.*
* *I understand that, a per Dept. Of Education guidelines, this is a school that teaches Stay Safe and R.S.E. in a two year cycle, in its entirety.*
* *I consent for photographs of my child to be used on the school’s website and other school related publications*

*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian*

**This Section of the form is OPTIONAL**

**ENROLMENT FORM**

**Part 2:**

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

(Categories are taken from the Census Population)

**White Irish Irish Traveller Roma**

**Any other White Background Black African Any other Black Background**

**Chinese Any other Asian Background Other (inc. mixed background) No consent**

**What is your child’s religion?**

**Roman Catholic Church of Ireland (incl. Protestant) Presbyterian**

**Methodist, Wesleyan Jewish Muslim (Islamic) Hindu**

**Orthodox (Greek, Coptic, Russian) Apostolic or Pentecostal Jehovah’s Witness**

**Lutheran Atheist Buddhist Baptist Agnostic**

**Other Religions No Religion No Consent**

*I consent for this information to be stored in the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other Primary School my child may transfer to during the course of their time in Primary School.*

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

 *Parent/Guardian*