Scoil Mhuire, Ramelton, Co. Donegal.



APPLICATION FOR ADMISSION OF NEW PUPILS YEAR 2025/2026

The Department of Education and Skills is developing an electronic database of primary school pupils called the Primary Online Database (POD) which will involve schools maintaining and returning data on pupils to the Department at individual pupil level on a live system. The database will allow the Department to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns for grant payment and teacher allocation purposes, to follow up on pupils who do not make the transfer from primary to post primary level and for statistical reporting. The database will hold data on all primary school pupils. The data base will also contain, on an optional basis, information on pupil's religion and on their ethnic or cultural background.

In order to assist with the gathering of data please complete this form and return to the school. This form will be retained by the school.

Pupil Forename:	Pupil Surname:	
Birth Cert Forename:(if different to above)	Birth Cert Surname: (if different to above)	
PPSN of Pupil:	Mother's Maiden Name:	
Date of Birth:	Gender Male	
Pupil Address 1:	Pupil Address 2:	
County:	Nationality:	
'Is one of the pupil's mother tong	ues (i.e. language spoken at home) Irish or English? Yes 🗌 No	
Religion:		
	relating to religion to POD: Yes No	
To which ethnic or cultural backg (Categories are taken from the Census o	round group does your child belong (please tick one)? f Population)	
White Irish	er Any other White Background	
	Irish - African 🗌 Any other Black Background 🗌	
Asian or Asian Irish - Chinese 🗌	Any other Asian background Other (inc. mixed background)	
Do you consent to uploading dat	a relating to ethnicity to POD: Yes \square No \square	
The following information is requ	ired for efficient running of the school and will not be uploaded to F	20D
Mother's Name	Father's Name	
Telephone No	Telephone No	
Fmail address:		

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	Medical Card Holder:	Yes	No
Allergies:			
Medication:			
Doctor Name & Address:			
If parent/Guardian not available, please contact: _			
Additional Educational Needs, eg: poor vision, hea	aring, attending speech therapy,		
Involvement of any other agency:			
Please make the school aware as early as possible separation, court order that affects the child's well custody the child should/should not be given so th	fare and also names of any persons	into who	
Please answer YES or NO to the following (please o	circle as appropriate):		
 Our child is allowed to take part in the RSE Proposition of the control of the cont	nergency (in the event of emergency, member in his/her car) YES NO ool social media page: YES NO national newspaper: YES NO ool for Text-a-Parent and emergence pline": YES NO school: YES NO tings during the school day: YES amelton and I agree to comply with	NO the Code	se e of
Management. Signature Parent/Guardian:	Signature Parent/Guardian:		
	Date		