

APPLICATION FOR ADMISSION OF NEW PUPILS YEAR 2026/2027

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 tongu	es (i.e. language spoken at home) Irish or English? Yes 🗌 No 🗌
Religion:	
Do you consent to uploading data r	relating to religion to POD: Yes No
To which ethnic or cultural backgro (Categories are taken from the Census of F	ound group does your child belong (please tick one)? Population)
White Irish	Any other White Background
	ish - African
_	Any other Asian background Other (inc. mixed background)
Do you consent to uploading data	relating to ethnicity to POD: Yes \square No \square
The following information is require	ed for efficient running of the school and will not be uploaded to POD
Mother's Name	Father's Name
Telephone No.	Telephone No
Email address:	

Scoil Mhuire, Ramelton, Co. Donegal.



	Medical Card Holder:	Yes	No
Allergies:			
Medication:			·
Doctor Name & Address:			
If parent/Guardian not available, please contact:			
Additional Educational Needs, eg: poor vision, hearing, a	attending speech therapy,		
Involvement of any other agency:			
Please make the school aware as early as possible of any separation, court order that affects the child's welfare are custody the child should/should not be given so that we	nd also names of any persons	into wh	•
Please answer YES or NO to the following (please circle a	s appropriate):		
 Our child is allowed to take part in the RSE Programm Our child can be taken to hospital in case of emergenth child being transported to casualty/A&E by a staff member Inclusion of our child's photographs on our school so Inclusion of our child's photographs in a local/nation Use of a nominated mobile number by the school for nominate one mobile number: We have received a copy of the "Code of discipline" We will support & co-operate with staff of the school Our child may take part in school field trips/outings of the wighter of the school of the	cy (in the event of emergency, er in his/her car) YES NO cial media page: YES NO all newspaper: YES NO communication and emerge: YES NO : YES NO : YES NO luring the school day: YES on and I agree to comply with	ncies. P	lease le of
Signature Parent/Guardian:	Signature Parent/Guardian	:	
Date	Date		