Réalt na Mara National School
and Centre for Autism
Mill Street
Dundalk
County Louth

Scoil Náisiúnta Réalt na Mara agus
Lár Ionad Uathachais
Stráid an Mhuilinn
Dún Dealgan
Contae Lú

To be the best you can

Phone : 042 9327230 / 042 9328927
E mail: office@realtnamarans.ie
School Website : www.realtnamarans

ENROLMENT/ ADMISSION APPLICATION FORM

Completion of this form does not guarantee your child a place in our school. It is the responsibility of the parents to inform the school any future changes to the details submitted below.

Name of child: **(Copy of Birth Certificate must be submitted with this application)**	Gender: Male ☐ Female ☐ School Start Date:
Child's date of birth:	
PPS. Number:	
Nationality: **(In the case of dual citizenship, please specify both nationalities)**	
Full postal address: (**Current proof of address must be submitted with this application)**	**EIRCODE:**
E-mail address:	
Telephone Numbers:	Home: Mother's Mobile: Father's Mobile:
Mother's Name: Occupation /place of work:	
Father's Name: Occupation /place of work:	
Emergency Contacts: In the event we are unable to contact either parents we require 2 alternative contacts who live locally e.g. child minder, grandparent, aunt	Name: Relationship to child: _____ No: Name: Relationship to child:_____ No:
Older siblings enrolled in the school or who are past pupils of the school:	

Please indicate which describes your child's preschool setting	☐ Home, not in any school , preschool or childcare setting ☐ Early start classes ☐ Childcare setting or pre-primary education
Name of Childcare Preschool	
HEALTH	
Does your child suffer from any medical conditions or allergies?	
Details of any medication presently taken by child:	
Does your child suffer from any difficulties with :	Hearing?_____ Vision?_____ Speech?_____Other?_____ Please continue on another page if necessary.
Has your child had any type of early of early intervention/assessment?	Yes _____ No_____ If yes please attach a copy report relating to your child's development and or needs.
Name ,address & phone no of family Doctor: In a case where emergency medical attention is required an ambulance will be called	

Should my/our child be offered a place for (insert date), I/we hereby give permission for:

- My/our child to partake in any school outings during the school day e.g. local parks, historic buildings, museum, library, swimming pool, tennis club etc. on the understanding that the adult child ratio as required by the Insurance Company will be adhered to at all times.
- Photographs of my son/daughter to be taken for publication in local newspapers/magazines , e.g. awards/prizes, sporting events, first day at school, and school related activities and on the school website. (Please visit our school website; *www.realtnamarans.ie*)

The B.O.M. cannot be held responsible for pictures/videos taken by parents at outings, celebrations, school concerts, etc.

If at any time you wish to withdraw any of the above consents you must do so in writing to the School Principal.
Please make school aware of any court order that effect's your child's welfare, (include copies if necessary) also name of any person into whose custody your child should not be given.

I/we understand that it is a condition of enrolment that I/we accept all policies ratified by the B.O.M. of Réalt na Mara N.S.

Signed: Parents//Guardians of applicant:

_____ Date:_____

_____

A copy of all certificates will be made and the originals will be returned to you. Confidentiality of all data is assured and all information is held in compliance with the Data Protection Laws.

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The Department of Education & Skills has developed an individual database of primary school pupils, known as the Primary Online Database) POD.

Your child's first name, last name, gender PPS number, date of birth, date enrolled, address, previous school category as entered on their Request for Transfer form will transfer to POD.

Your consent is required to allow us transfer the information below to the Department of Education & Skills and any other primary schools your child may transfer to during the course of their time in primary school.

What your child's main language spoken at home ? _____

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	☐	Church of Ireland (Anglican)	☐	Presbyterian	☐
Methodist, Wesleyan	☐	Jewish	☐	Muslim (Islamic)	☐
Orthodox (Greek, Coptic, Russian)	☐	Apostolic or Pentecostal	☐	Hindu	☐
Buddhist	☐	Jehovah's Witness	☐	Lutheran	☐
Atheist	☐	Baptist	☐	Agnostic	☐
Christian Religion (not further defined)	☐	Protestant	☐	Evangelical	☐
Other Religions	☐	No Religion	☐	No Consent	☐

I consent for the special category 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: _____

Please complete this form and return to your primary school. For further information on POD please go to the Department of Education and Skills' website www.education.ie