



# Shountrade National School

## Registration Form

Pupils Name \_\_\_\_\_

Child's PPSN \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_

*Please attach copy of birth certificate*

Baptised  Yes  No      Copy Baptismal Form  Yes  No

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Mobile No. \_\_\_\_\_

Child Minder's Name \_\_\_\_\_

Father's Mobile No. \_\_\_\_\_

Child Minder's No. \_\_\_\_\_

Home Telephone \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Email address \_\_\_\_\_

Doctor's No. \_\_\_\_\_

### YOUNGER SIBLINGS

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

If your child suffers from any problem which would militate against his/her education (poor hearing/sight/speech) please state \_\_\_\_\_  
\_\_\_\_\_

## Consent Form

In the event of an emergency, if I am not available for contact, I give permission to the teacher to deal with the situation. (e.g. needing medical attention)

Signed \_\_\_\_\_ (Parent/Guardian)      Date \_\_\_\_\_

I give permission for my child's photograph to be taken on special school occasions, e.g. concerts, sporting events, class photos, etc. (please tick)  Yes  No

I have read the School Prospectus and I confirm that my child will abide by the school rules as they have been presented.

Signed \_\_\_\_\_ Parent/Guardian

Date \_\_\_\_\_

**PTO** 

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## Primary Online Database Information (POD) Form

*Please complete the following (all fields must be completed) in BLOCK CAPITALS:*

\* Denotes a compulsory field

Today's Date: \_\_\_\_\_

Child's Surname *	_____
Child's Forename *	_____
Gender *	_____
Birth Cert Forename (if different to above)	_____
Birth Cert Surname (if different to above)	_____
Date of Birth *	_____
PPSN *	_____
Mother's Maiden Name (Surname only)	_____
Address *	_____ _____
County *	Choose an item.
Nationality *	_____
Is one of the child's mother tongues (language spoken at home) Irish or English	_____
Child's Ethnic or Cultural Background	_____
Child's Religion	_____

*I consent for this information 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: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian

Please complete this form and return to the school.

For further information on POD please go to the Department of Education and Skills' website [www.education.ie](http://www.education.ie)