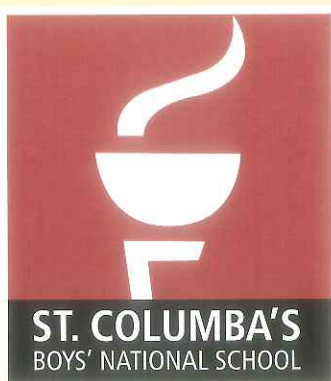


# St. Columba's Schools

*Ní neart go cur le chéile*

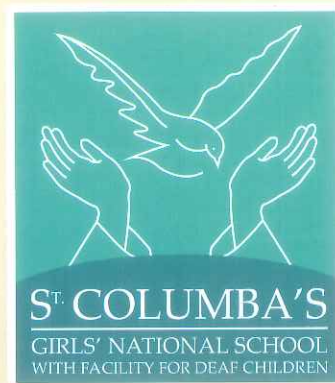


**St. Columba's BNS**

Tel: 021 436 4938

Email: [office@stcolumbasbns.ie](mailto:office@stcolumbasbns.ie)

[www.stcolumbasbns.ie](http://www.stcolumbasbns.ie)



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## Enrolment Application Form

Child's Name

Douglas Village, Douglas, Cork

Year proposed to start school:

Important Note re the Department of Education and Skills Primary Online Database (POD)  
Since September 2014, all schools are required to enter the data in Section 1 of this form (with the exception of phone numbers, email addresses and father's details) onto the Primary Online Database. A full outline of the data requested, the reasons for collecting each piece of data, and how the data will be used, access, stored, shared and retained is given in the POD Fair Processing Notice available on the POD area of the Department's website [www.education.ie](http://www.education.ie). A frequently asked questions document is also available on the Department's website.

Child's First Name:

First Name as on Birth Certificate: (if different from name above):

Child's Surname:

Surname as on Birth Certificate: (if different from name above):

Gender: (Male/Female):  Child's P.P.S. Number:

Date of Birth:  Nationality:

**N.B. Please provide a copy of your child's Birth/Adoption Certificate.**

Ethnicity (optional)  Religion (optional)

Is one of the pupil's mother tongues (i.e. Language spoken at home) Irish or English Yes  No

I consent for the optional information to be sorted 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.

Language Spoken at Home:

Doctor:  Doctor's No:

Other name, relationship to the child, and contact number in case of Emergency:

Number of Children in the Family:  This Child's Place in the Family:

Brothers/Sisters presently in this school:

Previous School/ Preschool (if any):

Allergies or any further information the school should be aware of:

If both parents are legal guardians, please fill out the following details of both:

Mother's Name:

Mother's Mobile No:

Mother's Address:

Postcode:

Email:

Occupation:

Work Contact No:

Place of Work:

Father's Name:

Father's Mobile:

Father's Address:

Postcode:

Email:

Occupation:

Work Contact No:

Place of Work:

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If applying for a place in the ASD special classes in the Boys' School please fill out below

I would like to apply for a place in the ASD special class

My child has a diagnosis of ASD

Reports/Assessments - Please include with the application form

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If applying for a place in the classes for the Deaf in the Girls' School please fill out below

I would like to apply for a place in a class for the Deaf/ Early intervention

Hearing Impairment diagnosis

Audiologist

Hearing aids/ Cochlear Implants?

Reports/Assessments - Please include with the application form

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Please read the following school policies on our school websites and sign the permission boxes below accordingly:

Enrolment Policy, Code of Behaviour, Internet Policy and the DES ( Department of Education and Skills) POD Requirements

I have read and accept the School Admission/ Enrolment Policy

I have read, accept and support the School's Code of Behaviour

I have read, accept and agree to inform my child of the School's Internet Policy  
I give permission for photographs of my child ( not identified specifically by name) to be posted on the School's Facebook Page / Media Platforms

I give permission for my child to avail of Learning Support by the School's team of Support Teachers.(The school will require specific permission from parents if and when your child may require extra support in the areas of: Maths, English, English as an Additional Language and One-to -One Resource Hours)

I give permission for my child's details to be stored on Aladdin Connect

Signed - Guardian 1

Signed - Guardian 2 (If available and contactable)

Date:   /   /

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This section is to be completed if you are applying for your child to transfer from another primary school.

Name of child:

Name of school your child is currently attending:

Address of school:

I give permission for staff in St Columba's National Schools to contact your child's previous school (if applicable). All information will be treated in the strictest of confidence.

Phone number of school:

Principal:

What class is your child in at the moment?

Name of class teacher:

Reason for applying for transfer:

Please provide a copy of your child's most recent school report and any other reports you may have.