

Headford Primary School  
Headford, Co. Galway.  
**Enrolment Application Form 2025-2026**

**Applicant's details**

Childs Surname: \_\_\_\_\_ Class \_\_\_\_\_

Childs Christian Names: \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

EIR Code: \_\_\_\_\_

E mail Address \_\_\_\_\_

Child's PPS no: \_\_\_\_\_

Date and Place of Baptism: \_\_\_\_\_

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**Please provide the school with the following documents once the child has been enrolled in the school:-**

**Please tick:**

Child's Birth Certificate: (copy)

Latest school reports (if transferring from another school)

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**Parents details:**

Name of Mother: \_\_\_\_\_ Name of Father: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Mobile No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Preferred mobile number for TEXT A PARENT \_\_\_\_\_

E mail \_\_\_\_\_ E mail \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Emergency contact number (other than parents)**

Name: \_\_\_\_\_ Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Child's legal guardian/s: \_\_\_\_\_

Other individuals to whom you give permission to collect your child from school:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Educational History:**

If applicable please complete:

Name of playschool/Montessori (if relevant) \_\_\_\_\_

Other Primary Schools attended: \_\_\_\_\_

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**Medical details**

Does your child suffer from any medical illness/allergies Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child require any medication during school hours Yes \_\_\_\_\_ No \_\_\_\_\_

Please specify details: \_\_\_\_\_

**Medical Contact Numbers:**

Name of Doctor/Surgery: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

In the event of an emergency/accident occurring and if the school is unable to contact you on the numbers provided, it is the school policy to seek medical advice from the local clinic in Headford.

**I shall pay whatever fee is involved**

Signature of parent/Guardian \_\_\_\_\_

**Code of Behaviour**

By enrolling your child in our school you are accepting our Code of Behaviour

\_\_\_\_\_ parent/guardian signature

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# Headford Primary School

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 including their PPSN, First Name, Surname, Name as per Birth Certificate, Mother's Maiden Name, Address, Date of Birth, Gender, Nationality, whether one of the pupil's mother tongues is English or Irish, whether the pupil is in receipt of an Exemption from Irish and if so the reason for same, whether the pupil is in receipt of Learning Support and if so the type of learning support, whether the pupil is in a Mainstream or Special Class. The database will record the class grouping and standard the pupil is enrolled in. The database will also contain, on an optional basis, information on the pupil's religion and on their ethnic or cultural background.

**In order to assist with the gathering of data please complete page one and two of this form in CAPITAL LETTERS and return to the school.** This form will be retained by the primary school.

Teacher/Class Name \_\_\_\_\_

Standard

Junior Infants     Senior Infants     First Class     Second Class     Third Class

Fourth Class     fifth Class     Sixth Class

Pupil Forename: \_\_\_\_\_

Pupil Surname: \_\_\_\_\_

Birth Cert Forename (if different from name above)

Birth Cert Surname (if different from name above)

\_\_\_\_\_

\_\_\_\_\_

Pupil Address \_\_\_\_\_

PPSN of Pupil \_\_\_\_\_

\_\_\_\_\_

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

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

Eircode \_\_\_\_\_

Nationality \_\_\_\_\_ Gender Male  Female

'Is one of the pupil's mother tongues (i.e. language spoken at home) Irish or English?

Yes  No

The Department has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. Both religion and ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil's parent/guardian to identify their child's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. All other information held on POD was deemed by the Data Protection Commissioner as non-sensitive personal data.

**To which ethnic or cultural background group does your child belong (please tick one)?**

(Categories are taken from the Census of Population)

- White Irish  Irish Traveller  Roma   
Any other White Background  Black African  Any other Black Background   
Chinese  Any other Asian background  Other (inc. mixed background)   
No consent

**What is your child's religion?**

- Roman Catholic  Church of Ireland (incl. Protestant)  Presbyterian   
Methodist, Wesleyan  Jewish  Muslim (Islamic)   
Orthodox  Apostolic or Pentecostal  Hindu   
(Greek, Coptic, Russian)  
Buddhist  Jehovah's Witness  Lutheran   
Atheist  Baptist  Agnostic   
Other Religions  No Religion   
No Consent

*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: \_\_\_\_\_

Parent/Guardian

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

**RETURN FORMS TO SCHOOL**

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](http://www.education.ie)

# Headford Primary School

## Internet Parent Permission Form

Please complete this form and return to the office

Name of pupil: \_\_\_\_\_ Class: \_\_\_\_\_

### PUPIL

I agree to comply with the school rules on the use of the Internet. I will use the Internet in a responsible way and observe all the restriction explained to me by the school.

### PARENT

As a parent or legal guardian of the above pupil, I have read the Acceptance use Policy and grant permission for my son/daughter to access the Internet. I understand that Internet Access is designed for educational purposes. I also understand that the school cannot be held if pupils access unsuitable websites, but that every reasonable precaution has been taken by the school to provide online safety

Parents signature \_\_\_\_\_ Date: \_\_\_\_\_

### School Website

I understand that if the school deems it appropriate, by daughters/son's school work may be chosen for inclusion on our school's World Wide Web pages which will be published soon on the Internet. My daughter/son's picture may also be published on the school website. No personal details will be given with the pupils pictures. The pupil continues to own the copyright on any work published.

Please sign and confirm that you are aware of this.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Parental Consent

Do you consent for newspapers to publish photographs that may include your child when they feature news from the school?

Yes

No

Do you consent for the school in the event of an emergency to contact relevant services for your child?

Yes

No

Do you give consent for the learning Support teacher to carry our educational tests if there is a concern about your child's learning?

Yes

No

Do you consent to your child being transported to school related events by staff or other parents who may be available from time to time?

Yes

No

I wish my/our child to be instructed in the Catholic Faith. I understand that Scoil Mhuire na Dea Chomhairle is a Catholic School and wish my/our child to be taught the Catholic Faith?

Yes

No

Do you consent to support and help uphold the school's Code of Behaviour?

Yes

No

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_

# Permission Form

## Activities during the school year

During the school year, all classes undertake a variety of different activities outside the school premises. These include, for example, football matches, school tours, history/nature/educational tours or walks, (e.g. trips/outings to Ross Abbey, to the astro turf, to the Presentation College (Secondary school), to Church services, library visits etc.) and any other activities that may arise. When we take the children on these outings, we increase the level of supervision as appropriate to meet the needs of the particular activity.

We are asking you to sign a consent form for all the different activities which arise during the school year. Please complete the consent form below (one for each child in the family) and return to the school

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I/we \_\_\_\_\_ consent to allow my child

Parent/Guardian - full name please

\_\_\_\_\_ to take part in all

Pupils - full name please

activities that may arise during the school year.

I/we \_\_\_\_\_ DO NOT consent to allow my child

Parent/Guardian - full name please

\_\_\_\_\_ to take part in all

Pupils - full name please

activities that may arise during the school year.