



**St Finian's National School**  
Glenties Park  
Rivermount  
Fingas South

email: [saintfinians@gmail.com](mailto:saintfinians@gmail.com)  
Tel: 8341130

**Information of Child:**

<b>Name of Child:</b>	<b>Date of Birth:</b>
<b>PPS Number:</b>	<b>Nationality:</b>
<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Proposed Class:</b>
<b>Brother/sister already attending the school:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Is the parent a past pupil of Saint Finian's:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Address:</b>	

**Information of Parent/Guardian**

<b>Mother's Maiden Name &amp; Address</b>	<b>Father's Name &amp; Address</b>	<b>Guardian's Name &amp; Address</b>
<b>Phone:</b>	<b>Phone:</b>	<b>Phone:</b>
<b>Nationality:</b>	<b>Nationality:</b>	<b>Nationality:</b>
<b>Emergency Contact Number:</b>	<b>Emergency Contact Number:</b>	<b>Emergency Contact Number:</b>
<b>Email 1:</b>		
<b>Email 2:</b>		



### Information of Previous School

Has your child attended a pre-school: Name of pre-school	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child attended another primary school	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of School:	
Please attach report from pre/primary school	Report attached :Yes <input type="checkbox"/> No <input type="checkbox"/>

### Personal Information

Has your child been referred for any of the following: Tick Yes or No <b>(please submit any reports and give details of the agency engaged with your child).</b> Speech Therapy Yes <input type="checkbox"/> No <input type="checkbox"/> Occupational Therapy Yes <input type="checkbox"/> No <input type="checkbox"/> Hearing Yes <input type="checkbox"/> No <input type="checkbox"/> Vision Yes <input type="checkbox"/> No <input type="checkbox"/> Psychiatric/Psychological Assessment Yes <input type="checkbox"/> No <input type="checkbox"/> Assessment of Needs Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have Special Needs: Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any medical condition/allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Please give details:</b>



The Department of Education and Skills has developed an electronic database of primary schools

**In order to assist with the gathering of data, please provide the optional additional information requested below, or tick "No Consent" if preferred:**

**To which ethnic or cultural background group does your child belong? (please tick one):**  
 (Categories are taken from the Census of Population)

White Irish	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>	Roma	<input type="checkbox"/>
Black or Black Irish-African	<input type="checkbox"/>	Black or Black Irish – Any other Black background	<input type="checkbox"/>	Asian or Asian Irish – Chinese	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	Asian or Asian Irish – Any other Asian background	<input type="checkbox"/>		<input type="checkbox"/>
Other (inc. mixed background)	<input type="checkbox"/>	NO CONSENT	<input type="checkbox"/>		<input type="checkbox"/>

**What is your child's religion? (please tick one) :**

Roman Catholic	<input type="checkbox"/>	Church of Ireland (incl. Protestant)	<input type="checkbox"/>	Presbyterian	<input type="checkbox"/>	Methodist, Wesleyan	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Muslim (Islamic)	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Apostolic or Pentecostal	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Orthodox (Greek, Coptic, Russian)	<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>	Lutheran	<input type="checkbox"/>
Baptist	<input type="checkbox"/>	Agnostic	<input type="checkbox"/>	Atheist	<input type="checkbox"/>	Other Religions	<input type="checkbox"/>
No Religion	<input type="checkbox"/>	NO CONSENT	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

**PLEASE READ THE FOLLOWING AND SIGN BELOW :**

*I consent for the Information on these two pages 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 : \_\_\_\_\_

**For Office Use Only:**

Date Received:	Fully completed application: Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of utility bill: Yes <input type="checkbox"/> No <input type="checkbox"/>	Report from previous school: Yes <input type="checkbox"/> No <input type="checkbox"/>

**Policy Permission Form from Junior Infants - 6th Class**

**As a school we run different programmes each year regarding anti-bullying and stay safe.**



**St Finian's National School**  
**Glenties Park**  
**Rivermount**  
**Fingas South**

email: [saintfinians@gmail.com](mailto:saintfinians@gmail.com)  
Tel: 8341130

We accept St. Finian's N.S. **Code of Behaviour** and **Anti –Bullying Policy**.

We give our child permission to partake in school trips and have their photo taken.

We give our child permission to partake in the **Stay Safe Programme each year**. *Stay Safe is a programme to prevent child abuse that is taught to children in primary school. The programme tries to give children the skills they need to protect themselves. This is done through lessons on safe and unsafe situations, bullying, inappropriate touch, secrets, telling and stranger danger.*

We accept the schools **Acceptable Use Policy** -

**School Name:** St. Finian's N.S. **Name of Parent/Guardian:** \_\_\_\_\_

**Name of Pupil:** \_\_\_\_\_ **Class/Year:** \_\_\_\_\_

### **Pupil**

I agree to follow the school's Acceptable Use Policy on the use of the Internet. I will use the Internet in a responsible way and obey all the rules explained to me by the school.

**Pupil's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Parent/Guardian**

As the parent or legal guardian of the above pupil, I have read the Acceptable Use Policy and grant permission for my son or daughter or the child in my care to access the Internet. I understand that Internet access is intended for educational purposes. I also understand that every reasonable precaution has been taken by the school to provide for online safety but the school cannot be held responsible if pupils access unsuitable websites.

**I accept the above paragraph**  **I do not accept the above paragraph**

*(Please tick as appropriate)*

In relation to the **school website**, I accept that, if the school considers it appropriate, my child's school work may be chosen for inclusion on the website. I understand and accept the terms of the Acceptable Use Policy relating to publishing children's work on the school website. I give permission for my child's photo/video to be published on the school website. (The school will try to use digital photographs, audio or video clips focusing on group activities. Content identifying individual students will not be published on the school website without parental permission.)

**I accept the above paragraph**  **I do not accept the above paragraph**

**Parents' Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_