



Assumption Senior Girls School

Application Form

Child's first name: _____ Child's surname: _____

Date of birth: _____ Application to enrol in (class) _____

Address: _____ Eircode _____

Pupil's P.P.S.no.: _____ Mother's maiden name: _____

Nationality: _____ First Language: _____

Does your child reside in the parish of Walkinstown? Yes No

Other Primary schools attended: _____

Name of sibling in Assumption Junior School: _____

Name of sibling in Assumption Senior School: _____

Name of sibling in Drimnagh Castle Primary: _____

Mother's first name: _____ Mother's surname: _____

Mobile number: _____ Work number: _____

E-mail address: _____

Father's first name: _____ Father's surname: _____

Mobile number: _____ Work number: _____

E-mail address: _____

Preferred mobile number to receive text messages from the school? _____

Emergency Contact Details (to be used in case of emergency should parents be unavailable)

Name: _____ Name: _____

Mobile: _____ Mobile: _____

Relationship to child: _____ Relationship to child: _____

If your child has any illness, medical condition or allergies that the school should be aware of please give details here: _____

GP Name: _____ GP Phone: _____

Does your child have any special educational needs? Yes No

If yes please sign to state that you have provided the school with copies of all professional reports relating to your child's needs – Signature: _____

Does your child require English language support? 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 special category data under the General Data Protection Regulation (GDPR). These questions are optional. While these questions are optional, the information would be very useful to the Department for statistical and research purposes. Aggregated information on Ethnic/Cultural background will be used to track the progress of these groups, and to compare their progress with other groups, thereby identifying gaps in the system and assisting in the development and implementation of appropriate policies and interventions. Aggregated information on religion will be used for statistical purposes only. Parents/guardians are asked, if they wish to do so, to identify their children’s religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. This page of the form will be retained by your primary school.

**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 <input type="checkbox"/> | Church of Ireland (Anglican) <input type="checkbox"/> | Presbyterian <input type="checkbox"/> |
| Methodist, Wesleyan <input type="checkbox"/> | Jewish <input type="checkbox"/> | Muslim (Islamic) <input type="checkbox"/> |
| Orthodox (Greek, Coptic, Russian) <input type="checkbox"/> | Apostolic or Pentecostal <input type="checkbox"/> | Hindu <input type="checkbox"/> |
| Buddhist <input type="checkbox"/> | Jehovah's Witness <input type="checkbox"/> | Lutheran <input type="checkbox"/> |
| Atheist <input type="checkbox"/> | Baptist <input type="checkbox"/> | Agnostic <input type="checkbox"/> |
| Christian Religion (not further defined) <input type="checkbox"/> | Protestant <input type="checkbox"/> | Evangelical <input type="checkbox"/> |
| Other Religions <input type="checkbox"/> | No Religion <input type="checkbox"/> | No Consent <input type="checkbox"/> |

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: _____