

Scoil Náisiúnta Naomh Peadar
Bóthar Naomh Peadar
Baile Phib
Baile Átha Cliath 7
D07 F75C
Fón: 01 8680501
Ríomhphost: office@stpetersns.net



St. Peter's National School
St. Peter's Road
Phibsborough
Dublin 7
D07 F75C
Telephone: 01 8680501
Email: office@stpetersns.net

APPLICATION FOR ENROLMENT 2025 – 2026
(Form valid for this current school year ONLY)

Senior Infants – 6th Class

Child's First Name: _____ Child's Surname Name: _____

Date of Birth: _____ Child's PPSN: _____

Gender: Male Female Full Postal Address: _____

_____ Eircode: _____

Nationality: _____ Country of Birth : _____ First Language at home: _____

Name & address of previous school/preschool: _____

_____ Class in previous school: _____

I give permission to discuss the needs of my child with the Principal/Management of the previous school/preschool listed above. Yes No

What is your child's understanding of the English language? Will need support Good Very good

Is your child here in Ireland? Yes No If no, when will he/she arrive? _____

What are your child's hobbies/strengths? (Please tick appropriately): Dancing Music Painting
Drawing Sports Books Lego Puzzles Other _____

Does the child have siblings attending this school? Yes No

Name: _____ Class: _____ Name: _____ Class: _____

Name: _____ Class: _____ Name: _____ Class: _____

Mother's Name: _____ Father's Name: _____

Mother's Surname: _____ Father's Surname: _____

Mother's Maiden Name: _____

Mother's Address _____ Father's Address: _____

(if different from above)

(if different from above)

Mother's Mobile No: _____ Father's Mobile No: _____

Mother's Work No: _____ Father's Work No: _____

Mother's Occupation: _____ Father's Occupation: _____

Email Address: _____ Email Address: _____ **(please write clearly)**

Legal Guardian Yes No

Legal Guardian Yes No

Please complete ALL sections on this Enrolment Application Form.
Incomplete forms WILL NOT be processed.

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Emergency Contact: (other than parents should your child need to be taken home unexpectedly)

Name

Relationship to child

Contact number

All sections of this form MUST be completed in FULL before this application can be processed

Does your child have any medical conditions? Yes No If yes please give details: _____

Did your child meet all developmental milestones? Yes No

If no, please provide the school with relevant details _____

At what age did your child start to talk? _____ Does he/she speak well? Yes No

State any difficulties _____

(Should you possess any supporting professional reports we would appreciate a copy for our records *We may be able to access additional support from the Department of Education should your child be entitled to same.*

(If yes, please provide the school with the relevant details below and/or reports)

Primary Online Database.

To which ethnic or cultural background does your child belong? <i>(Please tick one).</i>					
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"/>	Other (Incl. Mixed background)	<input type="checkbox"/>
Other White background	<input type="checkbox"/>	Asian or Asian Irish - Any other Asian background	<input type="checkbox"/>	Asian or Asian Irish – Chinese	<input type="checkbox"/>
				No consent	<input type="checkbox"/>

What is your child's religion? _____ Will your child receive the sacraments? Yes No

Is one of your child's languages spoken at home Irish or English? Yes No

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Parental Permissions.

Do you give permission to administer basic first aid if your child as an accident at school/games/school tour? If an accident is of a more serious nature, the school will contact parents/guardians.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you give permission for your child to be taken to a doctor/hospital in case of a serious accident or fall?	Yes <input type="checkbox"/> No <input type="checkbox"/>

The HSE asks us to supply information for vaccinations eye tests, hearing tests etc. Do you give your consent for this?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I/we read the Code of Behaviour available on the school website www.stpetersns.net and agree to support this policy.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I/we support ALL School Policies as outlined on the www.stpetersns.net – including Admissions, Anti-bullying, Health and Safety, Healthy Eating, Child safeguarding and Internet Acceptable Use Policies etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I/we give permission for my child's religion and ethnic background to be transferred to the Department of Education and Skills Pupil Data System (POD).	Yes <input type="checkbox"/> No <input type="checkbox"/>
I/we give permission for our details to be uploaded to the schools' Aladdin System (used for communication between school and parents).	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to contact the school immediately if our address, telephone number or email address change as these details are essential for contact with parents/guardians via Aladdin.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I/we give permission for our child to participate in all school tours (details of which will be notified to you) and all short local trips (park, nature walks etc.) usually within walking distance of the school.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Educational/Diagnostic Tests

During your child's time in St. Peter's National School, it may be necessary from time to time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. Do you give permission for screening/diagnostic tests to be carried out if required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I/we give permission for our child to receive additional support from the Special Educational Needs (SEN) teachers within the school (if required). Parents will be informed prior to children being withdrawn from class for additional support.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Absences

I/we understand that the school MUST report to Tusla if a child is absent from school for 20 days or more and that if a child is absent for a prolonged period without explanation and the parents/guardians cannot be contacted the school will contact the relevant authorities.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Child Protection and Welfare

I understand that should the school have reasonable cause for concern regarding my child's wellbeing/safety or if my child discloses any form of abuse, the school is bound to inform the HSE.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Physical Education

I understand that my child will NOT wear jewellery of any kind (including studs, ear rings, watches, chains, bracelets, rings) during Physical Education lessons and sports training.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that my child MUST wear proper runners for physical education lessons and after school sports activities.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that my child MUST wear the St. Peter's school tracksuit for physical education lessons and any after school sports activities. Jerseys of any kind are NOT permitted. Children must wear either a red or white polo shirt NOT a jersey.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Parents' Association Committee.

I give permission for the Parents' Association Committee of St. Peter's NS., to contact me via email/phone from time to time.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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GDPR (please read and sign below)

St. Peter's National School is registered as a Data Controller under the Data Protections Acts 1988 and 2003 and we follow GDPR regulations as set down in 2018. The personal data supplied on this application form is required for the purpose student enrolment, registration, administration, child welfare and to fulfil our legal obligations. Contact details will be used to notify you of school events/activities. While the information provided will generally be treated as confidential to St. Peter's N.S., from time to time it may be necessary for us to exchange personal data on a confidential basis, where we are legally required to do so, with other bodies including the Department of Education & Skills, the Department of Social Protection and Family Affairs, an Garda Síochána, the Health Service Executive, Túsla and other schools where the student is transferring. We rely on parents/guardians to provide us with accurate and complete information and to update us in relation to any changes in the information provided. Should a parent/guardian wish to update their own or their child's personal data, they should put the

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amendment/s in writing to the school principal. A copy of our GDPR Policy is available on our website or on request from the principal.

Parent/Guardian

Date

Parent/Guardian

Date

Medical and/or Other Adverse Circumstances Please give details and specify if your child has any medical condition that the school needs to be aware of (e.g., asthma, epilepsy, haemophiliac, etc.) allergies (e.g., nuts, eggs, antiseptics, plasters, latex, penicillin, etc.). If there are any medical reports in relation to any of the above, please provide a copy.

I give permission to allow my family details (name, address, mobile numbers, date of birth, PPS Number etc.) to be given to agencies such as HSE (school nurse, doctor, dentist), school lunch suppliers, etc. Yes No

Signed: _____ Date: _____
Parent/Guardian

Signed: _____ Date: _____
Parent/Guardian

I give permission for the school to speak with outside agencies regarding my child. e.g., NEPS, HSE, Speech & Language, Occupational Therapy, Play Therapy, TUSLA, all education settings etc. Yes No

Signed: _____ Date: _____
Parent/Guardian

Signed: _____ Date: _____
Parent/Guardian

RSE

Relationships and Sexual Education Programme is now taught as part of Social, Personal and Health Education. As Parents/Guardians, you may wish to absent your child from this programme. Please sign below to give permission for your child to participate fully in S.P.H.E. programme. (S.P.H.E & RSE policies can be accessed on the website)

Signed: _____ Date: _____
Parent/Guardian

Signed: _____ Date: _____
Parent/Guardian

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Information for Department of Education and Skills Primary Online Database *(please read and sign below)*

The Department of Education and Skills have developed an electronic database of primary school pupils called the Primary Online Database (POD). This 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. 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.

Parent/Guardian

Date

Parent/Guardian

Date

Note:

- If there are any Orders or other arrangements in place governing access to, or custody of the child, please provide details and include supporting evidence.
- The acceptance of this application is **not** a guarantee of placement.
- Please note this application is not valid unless all sections have been completed and all information regarding your child has been provided. This allows us to ensure that places are allocated fairly in line with our Admissions Policy and to plan the allocation of resources to meet the needs of any incoming pupils with special educational needs.

Please return all enrolment applications by post to St. Peter's National School, St. Peter's Road, Phibsboro, Dublin 7, D07F75C (or by email to office@stpetersns.net) together with your child's original Birth Certificate and where applicable, original Baptismal Certificate. A proof of address (i.e. household bill) is required as part of the admissions process.

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IMPORTANT

**All sections of this form MUST be completed in FULL before this application can be processed.
Please submit ALL requested documents below. Failure to do this will result in the failure of
your application being processed.**

1. Original Birth Certificate for your child
2. Original Baptismal Certificate for your child (if applicable)
3. Parent Photographic ID (ie Passport/Driving Licence)
4. Proof of address (ie. Gas/Electricity bill, Bank statement,
Landline Phone, Cable TV, Broadband, Statement from Bank/Building
Society/Credit Union, Letter from Dept. Social Protection /Revenue.
5. **NOT Accepted.** Mobile phone bill, Waste collection bill or Revolut statement.

Office Use	
1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>

Signed: [Parent/guardian] _____

Date: _____

Signed: [Parent/guardian] _____

Date: _____

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