

Foirm Sonraí Pearsanta

Ainm an Dalta

Pupil's Forename and Surname: _____

Uimhir PPS: _____

Sloinne na Máthar roimh pósadh

Mother's Maiden Name(to validate PPS): _____

Dáta Breithe an dalta/Student's date of birth:

dd	mm	yy
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	2 0 <input type="text"/>

Inscne/Gender: M F

Ainm de réir teastas Breithe

Forename and Surname as on Birth Cert: _____

Seoladh/Address: _____

Contae/County: _____ Náisiúnachas/Nationality: _____

(In the case of dual citizenship where Irish is one, please choose Irish)

An bhfuil Gaeilge agus/nó Béarla á labhairt sa bhaile? Tá Níl

Is one of the pupil's mother tongue Irish or English? Yes No

(i.e language spoken at home)

Eolis Leighis & Ailéirge/Medical & Allergy Information: _____

Cúlra/Ethnic or Cultural Background

To which ethnic or cultural background group does your child belong?

(Please pick 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 Background

Asian or Asian Irish-Any other Asian Background

Other(inc. Mixed background) No Consent

Creideamh/Religion *What is your child's religion?*

Agnostic Atheist Apostolic/Pentecostal Baptist Buddhist

Church of Ireland(*inc Protestant*) Hindu Jehovah's Witness Jewish

Lutheran Methodist/Wesleyan Muslim(*Islamic*)

Orthodox(*Greek, Coptic, Russian*) Presbyterian Roman Catholic

Other Religion

No Religion

No Consent

I consent for the sensitive personal data 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.

Sínithe/Signed: _____

Tuismitheoir/Caomhnóir(Parent/Guardian)

Dáta/Date: _____

Clann/Family

Ainm agus Sloinne na Máthar

Mother's Forename and Surname: _____

R-phost/Email: _____

Fón Soghluaiste/Mobile: _____

Fón Oibre/Work Number: _____

Ainm agus Sloinne an Athair

Father's Forename and Surname: _____

R-phost/Email: _____

Fón Soghluaiste/Mobile: _____

Fón Oibre/Work Number: _____

Uimhreacha Teagmhála i gcás práinne/Emergency Contacts

1. Ainm/Name: _____ Gaol/Relationship: _____

Soghluaiste/Mobile: _____

Uimhir Baile/Home Number: _____

2. Ainm/Name: _____ Gaol/Relationship: _____

Soghluaiste/Mobile: _____

Uimhir Baile/Home Number: _____

3. Ainm/Name: _____ Gaol/Relationship: _____

Soghluaiste/Mobile: _____

Uimhir Baile/Home Number: _____

Sonraí Pearsanta Gaelscoil Liatroma

Líon an fhoirm seo le do thoil agus seo ar ais chun na scoile í. Tuilleadh eolas faoi POD ar shuíomh na Roinne www.education.ie

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

This information will be stored in a lockable cabinet under GDPR guidelines. For more information, please see our GDPR Policy on www.gaelscoilliatroma.ie

Go raibh maith agat.....

Caitriona

Príomhoide: Caitriona Nic Chonchratha