

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 2026 – 2027
(Form valid for this current school year ONLY)

Junior Infants

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 _____ 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 ☐

What are your child's hobbies/strengths? (Please tick appropriately): Dancing ☐ Music ☐ Painting ☐

Drawing ☐ Sports ☐ Books ☐ Lego ☐ Puzzles ☐ Other _____

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

Mother's First Name: _____ Surname: _____

Father's First Name: _____ Surname: _____

Address: _____

Mother's Mobile No: _____ Work No: _____

Father's Mobile No: _____ Work No: _____

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

Mother's Email Address: _____ Legal Guardian Yes ☐ No ☐

Father's Email Address: _____ Legal Guardian Yes ☐ No ☐

Mother's Maiden Name: _____

Does the child have siblings attending this school? Yes ☐ No ☐ Name: _____ Class: _____

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

Name	Relationship to child	Contact number
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ABOUT YOUR CHILD

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 _____

Are there any Orders or other arrangements in place governing access to, or custody of the child, please provide details and include supporting evidence? Yes ☐ No ☐

(Please indicate below if you possess any supporting professional reports relating to your child. *We may be able to access additional support from the Department of Education should your child be entitled to same*).

Do not leave blank – If you have no professional reports please write ‘nothing to report’ in above box.

MEDICAL INFORMATION

Does your child have any medical conditions? Yes ☐ No ☐

If yes, 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.

Do not leave blank – please write ‘nothing to report’ in above box if your child has no issues.

PRIMARY ONLINE DATABASE

To which ethnic or cultural background does your child belong? <i>(Please tick one)</i> .					
White Irish	<input type="checkbox"/>	Black or Black Irish – African	<input type="checkbox"/>	Asian or Asian Irish – any other Asian background	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>	Black or Black Irish – Any other Black background	<input type="checkbox"/>	Other, including mixed background - Arab	<input type="checkbox"/>
Roma	<input type="checkbox"/>	Asian or Asian Irish - Chinese	<input type="checkbox"/>	Other, including mixed background – all others	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>	Asian or Asian Irish – Indian/Pakistani/Bangladeshi	<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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PERMISSIONS

Do you give permission for first aid to administer basic first aid if your child has an accident at school/games /school tour? If an accident is of a more serious nature, the school will contact you. Yes ☐ No ☐

Do you give permission for your child to be taken to a doctor/hospital in case of a serious accident or fall? Yes ☐ No ☐

The HSE asks us to supply information for vaccinations eye tests, hearing tests etc. Do you give your consent for this? Yes ☐ No ☐

I/we read the Code of Behaviour available on the school website www.stpetersns.net and agree to support this policy. Yes ☐ No ☐

I/we support **ALL** School Policies as outlined on the www.stpetersns.net – including Admissions, Anti-bullying, Healthy eating, Child safeguarding and Internet Acceptable Use Policies etc. Yes ☐ No ☐

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 ☐ No ☐

I/we give permission for our details to be uploaded to the schools' Aladdin System (used for communication between school and parents). Yes ☐ No ☐

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 ☐ No ☐

I/we give permission for our child to participate in all school tours (details of which will be notified to you via Aladdin Connect in advance of tour/trip) and all short local trips (park, nature walks etc.) usually within walking distance of the school. Yes ☐ No ☐

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 ☐

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 ☐

PARENT PERMISSION FORM AUP (Acceptable Use Policy)

As the parent or legal guardian of student named in enrolment form, I have read the Acceptable Use Policy – please see policy section (www.stpetersns.net) and grant permission for my son or daughter or 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 students access unsuitable websites.

My child/children agree to follow the school's Acceptable Use Policy on the use of the Internet. My child/children will use the Internet in a responsible way and obey all the rules explained to them by the school.

Signed for all above permissions:

Parents/Guardian

Parent/Guardian

Date: _____

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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 ☐ No ☐

I/we give permission for our child to receive additional support from the Special Education Needs (SEN) teachers within the school (if required). Parents will be informed prior to children being withdrawn from class for additional support. Yes ☐ No ☐

GDPR

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, Tusla 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 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.

I give permission for photographs of my child to be taken and used in displays within St Peter's NS. Yes ☐ No ☐

I give permission for photographs and videos of my child to be taken and uploaded to our website and to remain on our school website for historical purposes after my child leaves St. Peter's N.S. Yes ☐ No ☐

I give permission for my child's first name to accompany their photograph on the school's website or displayed within the school. Yes ☐ No ☐

I give permission for my child's first name and surname to be used in printed publications, including, but not limited to, order of service booklets for sacraments, graduation booklets, school publicity material and programmes for musicals. Yes ☐ No ☐

I give permission for printed photographs of my child to be stored in a locked location within the school for historical purposes when my child leaves St. Peter's N.S. Yes ☐ No ☐

Parents may at any time withdraw their consent/non-consent to the above. Any such request must be made in writing to the child's class teacher.

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 parents/guardians cannot be contacted the school will contact the relevant authorities. Yes ☐ No ☐

Please sign for all above permissions:

Parent/Guardian

Parent/Guardian

Date: _____

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CHILD PROTECTION & 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/Tusla. Yes ☐ No ☐

MOBILE PHONES/SMART DEVICES

_____ (Pupil Name) has our permission to bring a mobile phone/smart watch to school. I/we understand that the school will not take any responsibility for them and all such authorised phones/smart watches must be switched off between 8:50am (from 8:40am pupils enter the school grounds) and 2:30pm while the child is in school and while at after school classes. If a child switches on a phone or smart watch while in the building or grounds it will be removed from them and returned only to a parent. Permission to have it in school may be withdrawn. Please refer to policy on website (www.stpetersns.net).

Below is stated the reason I/we wish for _____ to have their mobile phone/smart watch in school.

Signed of parent/guardian: _____ Date: _____

Signature of Principal: _____ Date: _____

Information for Department of Education & Skills Primary Online Database

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.

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 ☐ No ☐

Please sign:

_____ Date: _____

Parent/Guardian

Parent/Guardian

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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 ☐ No ☐

I understand that my child MUST wear proper runners for physical education lessons and after school sports activities. Yes ☐ No ☐

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/white polo shirt **NOT** a jersey. Yes ☐ No ☐

Please sign:

Parent/Guardian

Parent/Guardian

Date: _____

Summer uniform: please refer to page 13 of our Code of Behaviour in the Policies section www.stpetersns.net

RSE (Relationship & Sexual Education)

Relationships and Sexual Education Programme is now taught as part of the Social, Personal and Health Education Curriculum. As Parents/Guardians, you may wish to absent your child from this programme. If you wish your child to opt out of the RSE programme, please notify your child's class teacher at the beginning of the school year.

IMPORTANT

All sections of this form **MUST** be completed in FULL. ALL documentation (as specified below) **MUST** be submitted with your application. Incomplete applications **WILL NOT** be processed. Application is ONLY valid when all sections of the form have been completed and all requested documentation is submitted.

1. Original Birth Certificate for your child
2. Original Baptismal Certificate for your child (if applicable)
3. Parents Photographic ID (ie. Passport/Driving Licence)
4. Proof of address (i.e., Gas/Electricity bill, statement from Bank, Building Society, Credit Union, Letter from Dept of Social Protection/Revenue)
5. **Not accepted:** Revolut statement, Mobile Phone bill, or Waste collection.
6. The Acceptance of this application is **not** a guarantee of placement

Office Use

- | | |
|---|--------------------------|
| 1 | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> |
| 4 | <input type="checkbox"/> |

Signed _____ Date: _____
Parent/Guardian Parent/Guardian

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.