BALLYHEANE NS SCHOOL ENROLMENT FORM

1. Child's Personal Details

Name of child _____

Date of birth: _____/_____/_____ **PPS No.:** _____

Address at which child resides: _____

_____

Eircode_____

Nationality _____

2. Parents Contact Details

Mother's name_____

Occupation _____

Work telephone _____ **Mobile no:** _____

Email _____

Father's name_____

Occupation _____

Work telephone _____ **Mobile no:** _____

Email _____

Emergency contact details

Name _____

Mobile no_____

3. Family/ Religious Details

Position of child in family (1st, 2nd, 3rd, etc) _____

Number of children in the family: _____

Religious denomination: _____

If catholic where was your child baptised_____

4. School Educational Details

Did your child attend preschool: _____ For how long: _____?

Where? _____

Has your child had any psychological assessments? Yes/no

If so please give details and enclose a copy of report

_____

_____

_____

Has your child had any speech and language assessments? Yes/no

If so please give details and enclose copy of report

_____

_____

_____

List any problems your child may have in relation to health (allergies, epilepsy, asthma, sight, hearing, speech, fainting, impediments etc.)

_____

_____

_____

The school should be made aware of any court order which affects the child`s welfare and also the name of any person into whose custody the child should not be given:

_____

_____

5. If transferring from another school please enclose progress report and complete the following:

Present class: _____

Previous school/schools attended	Years of attendance

Reasons for transfer: _____

_____

_____

_____

6. Medical Emergency/Accident

In the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may bring my child to a Doctor/Hospital if an emergency arises.

Signed (Parent/Guardian) _____

Family doctor's Name _____ Telephone No: _____

It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies.
Does your child have an allergic reaction to medication or food?

_____

_____

_____

Is there any other relevant information about your child/children which we should know?

_____

7. Consent

1. Assessment Tests are carried out in the school on all children from Infants to 6th Class. I allow my child to do these tests.

   Parents Signature: _____

2. During your child's time in Ballyheane NS 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. I give permission for any necessary diagnostic tests to be carried out with my child.

3. **Parents Signature:_____**

4. I give permission to allow my child to attend the Special Education teacher if deemed necessary.

   Parents Signature: _____

5. I consent to my child going on school tours, field trips and participating in school activities e.g, matches, field trips, quizzes etc. Parents will always be informed prior to these events

   Parents Signature: _____

6. I give permission to allow my child's photograph/image to be included in school-related activities, competitions, school website, instagram. Please refer to our AUP policy on www.ballyheanens.ie

   Parents Signature: _____

7. I give permission to allow my family details (name, address, date of birth, etc.) To be given to agencies such as HSE (school nurse, doctor, dentist), Secondary schools, and school related activities etc.

   Parents Signature: _____

8. I confirm that the Code of Behaviour for Ballyheane NS is acceptable to me as the pupil's parent/legal guardian and I shall make all reasonable efforts to ensure compliance by my child if he/she secures a place in the school. Please note that the Code of Behaviour can be found at www.ballyheanens.ie

   Parents Signature: _____

9. I agree to cooperate with the Ballyheane National School Board of Management regarding all school policies

   Parents Signature: _____

Please ensure that you have included a Birth Certificate and PPS Number.

All application forms should be sent to:	**For office use only**
The Principal Ballyheane NS Ballyheane Castlebar Co. Mayo F23 V124	Date Received _____/_____/_____
	Checked by_____
	School Stamp: