**Balla NS** **Enrolment Form**

|  |
| --- |
| Balla National School, Balla, Castlebar, Co. Mayo F23W272 |
| Note: All forms must be completed in full  |

# Section 1: Student Information BLOCK CAPITALS PLEASE

|  |
| --- |
| **Name of Child (as on Birth Certificate)** …………………………………………………………………………………………..**Name as Ghaeilge (if known)**…………………………………………………………………………………………………….. |
|  |  |
| **Gender ……………………… PPS Number …………………………… Date of Birth ………………………………….****Nationality……………………………. Country of Birth …………………………… …………………………….…………****Religion…………………………….. Class to be enrolled in ……………………………………………………………………*****If not born in Ireland, date on which child arrived in Ireland* …………………………………………………………****Mother's Nationality ……………………………….. Father's Nationality……………………………………****Child's Doctors Name ……………………………………. Telephone Number…………………………………………..** **Previous school or Playschool attended ………………………………………………………………………………………****Home Address ……………………………………………………………………………………………………………………………****……………………………………………………………………… Eircode………………………………………………………****Section 2: Parent/Guardian Information****Mother’s First Name………........................... Father’s First Name…………………………………….****Mother’s Last Name ……………………………….. Father’s Last Name……………………………………..****Occupation ……………………………………………. Occupation……………………………………………..****Email ………….………………………………………….. Email ………….…………………………………………….****Mobile Number……………………………………….. Mobile Number…………………………………………****Work Number………………………………………….. Work Number…………………………………………****Home Number …………………………………………… Home Number ………………………..………………** **Section 3: Two Extra Emergency Contacts****Details of 2 Extra Emergency contacts ( if both parents are unavailable )****Name………………………………………………………… Phone No.…………………………Relation………………………………..****Name………………………………………………………… Phone No.…………………………Relation………………………………..****Section 4: Medical Information****Medical & Allergy Information………………………………………………………………………………………………………………** **Any Medical concerns/information of relevance? *(Use Administration of Medicine Policy if required)***1. **Do your child/children have any specific medical condition e.g. asthma, eyesight, hearing or diabetes which may affect your child at school – Please let us know**

**…………………………………………………………………………………………………………………………………………………………**1. **It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies. Do your child/children have an allergic reaction to medication or food or does your child need to have medicine administered in school *(please fill out school medicine form)***

**…………………………………………………………………………………………………………………………………………………………****Has your child any Special Education Needs or reports pertaining to Occupational Therapy, Speech and language, Psychology etc.? Please provide reports in order to best support your child.****…………………………………………………………………………………………………………………………………………………………**Section 5: Siblings**Name of Brothers / Sisters already in the school****…………………………………………….. ……………………………………………. ……………………………………………..****…………………………………………….. ……………………………………………. ……………………………………………..****Name of younger Brothers / Sisters and year they intend to enroll****Name …………………………….. Age ……………………………………. Year they will attend school……………….****Name …………………………….. Age ……………………………………. Year they will attend school……………….** Section 6: DeclarationI wish to enroll my child………………………………………………………….in Balla National School.I declare the above information to be correct and understand that it will be treated as confidential.Parent(s)/Guardian(s) Signature…………………………………………………….Parent(s)/Guardian(s) Signature…………………………………………………….Date ……………………………………..**Have you included a Birth Certificate YES NO****Have you signed the consent form YES NO****Consent Form**We would like your permission for the following in relation to your child***Please tick the appropriate box and sign – Both Parents/Guardians please sign below***

|  |  |  |
| --- | --- | --- |
| **Please Tick** | **Yes** | **No** |
| **Activities Outside/After School:** During the school year classes may undertake activities outside the school premises e.g. visiting the church, library, playground, outings & school tours. I consent that my child may do so. |  |  |
| **D.T. (Digital Technology):** I give consent for my child to use the IPad/computers in line with our Acceptable Use Policy. |  |  |
| **School Website / Publications:** I give consent for the use of school related photographic images which include my son/daughter on the school website, or other school publications or displays. I understand that s/he will not be identified individually. |  |  |
| **Dept. of Education & Skills:** I give written parental consent to share Ethnic or Cultural Background and Religion with the Department of Education & Skills |  |  |
| **Medical Emergencies:** I give permission for my child to receive any medical attention deemed necessary and to be taken to hospital in case of serious illness or accident. |  |  |
| **School Policies:** I have read the Balla NS Code of Behaviour (available from school on request or online @ [www.ballans.ie](http://www.ballans.ie) (Parents Tab - Policies) and agree that my child and I will abide by it. |  |  |
| **School Policies:**  I agree to familiarise myself with all school policies, agree to abide by them and agree to discuss them at an appropriate level with my child. |  |  |
| **Competitions:** I give consent to allow my child to enter school competitions and for their name and date of birth to be shared with the organisers. |  |  |
| **Other:** I give consent to share contact information with agencies such as the HSE e.g. School Nurse/ Dentist (e.g. name, address, phone number etc.) |  |  |
| **Support:**  During your child’s time in Balla N.S., 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. |  |  |

**Parent/Guardian Signature ……………………………………………………………………………………..****Parent /Guardian Signature………………………………………………………………………………………** |