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

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

# Section 1: Student Information BLOCK CAPITALS PLEASE

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| **Name of Child (as on Birth Certificate)** …………………………………………………………………………………………..  **Name as Ghaeilge (if known)**…………………………………………………………………………………………………….. | | |
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| **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: Declaration I 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………………………………………………………………………………………** |