Balla NS School Enrolment Form

Balla National School, Balla, Castlebar, Co. Mayo F23W272

Note: All forms must be completed in full

Section 1: Student Information

Name of Child (as on Birth Certificate) .....

Name as Ghaeilge (if known).....

Gender ..... PPS Number ..... Date of Birth .....

Nationality..... Country of Birth .....Eircode. .....

Religion..... Name of 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 .....

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Section 2: Parent/Guardian Information

Mother's First Name..... Father's First Name.....

Mother's Last Name ..... Father's Last Name.....

Email Address ..... Email Address.....

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 emotional problems which may affect your child at school** ***(please fill out school medicine form***

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2. **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)***

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Has your child any Special Education Needs or reports pertaining to Occupational Therapy, Speech and language, Psychology etc.?

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Section 3: Siblings

Name of Brothers / Sisters already in the school

…….. …… ……..

…….. …… ……..

Name of younger Brothers / Sisters and year thy intend to enroll

Name …….. Age …… Year they will attend school……

Name …….. Age …… Year they will attend school……

Section 4: 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…….

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) 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…….