

Principal: Thomas Keena St. Colmcille’s N.S.,

Dep. Pr.: Lynda Dunning Ballinahown,

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Web: www.ballinahownns.ie

**Application for Enrolment**

**Please complete and return to school with copy of child’s birth cert and baptismal cert.**

**Any information you give on this form will be treated with the strictest confidence and only be used for the benefit of your child.**

**Use BLOCK CAPITALS please:**

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**PERSONAL AND CONTACT DETAILS**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPS No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_**

**(The PPS No. is required by Department of Education and Skills for registration purposes)**

**Child’s residential address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Name in Irish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place of Baptism (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you wish your child to take the Sacraments, please attach copy of Baptismal Cert if child was baptised outside the parish as the child will not be on record in the Parish. This is not a condition of enrolment.**

**Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mothers Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home landline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No for Textaparent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* only one phone number will be contacted.**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1st Contact if parent unavailable: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2nd Contact if parent unavailable : Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is there any other person who should receive school correspondence with reference to this child (e.g. parent/teacher meetings, school reports etc?) Yes □ No □**

**If yes please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Name and Address of pervious school or pre-school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**If applying to transfer from another school please give your reason for doing so:**

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**Phone number of previous school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I give permission to the principal to discuss the needs of my son/daughter, with the school principal of the school listed above. Yes □ No □**

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**MEDICAL INFORMATION**

**Name, address and phone no of family doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Do you have a medical card: Yes □ No □**

**\* In the unlikely event of not being able to contact parents for instructions, do you consent to the school calling the Family Doctor or Any Doctor/Emergency Services? Yes □ No □**

**Medical confidential / used only for Health and Safety Reasons**

* **Has your child any medical condition? Yes □ No □**
* **Has your child ever been referred to a specialist? Yes □ No □**

**If ‘yes’ to either of these questions, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Is your child on medication? Yes □ No □**

**Does your child appear to have difficulties with any of the following?**

* **Hearing Yes □ No □**
* **Sight Yes □ No □**
* **Speech Yes □ No □**
* **Allergy Yes □ No □**

**If ‘yes’ to any of the above please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**ASSESSMENT HISTORY**

**Has your child ever had any of the following types of assessment?**

* **Psychological : Yes □ No □**
* **Psychiatric : Yes □ No □**
* **Occupational Therapy : Yes □ No □**
* **Speech and Language : Yes □ No □**
* **Other (e.g. behavioural) : Yes □ No □**
* **Irish Exemption : Yes □ No □**

**If yes to any of the above please give details and include a copy of the report which will be held/treated confidentially. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Copies of above reports supplied Yes □ No □**

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**GENERAL INFORMATION**

**I give permission for my child to attend school trips and tours Yes □ No □**

**(Information prior to trips will be sent home to parents)**

**\*\*\*\*\***

**Sometimes journalists visit our school to take pictures of the children e.g. awards, sporting events, first day at school etc. Photos may also be displayed within the school or on the school website or on newspapers, brochures or other publications. Do you give permission for your child to be photographed for the above?**

**Yes □ No □**

**The Board of Management cannot be held responsible for pictures/video taken at school concerts, celebrations, events etc.**

**\*\*\*\*\***

**Sometimes the school is obliged to pass on names of children and their addresses to the Health Service for immunization purposes, to schools when children are transferring to another school, to TUSLA, an Gardaí (if they request it). Do you allow the school to pass on this information to these bodies?**

**Yes □ No □**

**Information Data is also stored on the Primary Online Database and transferred to the Department of Education and Skills.**

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**In signing this application form I am agreeing to support the Board of Management and staff in their implementation of school policies. I am aware that all school policies including policies on behaviour, anti-bullying, attendance child-protection, special needs etc. are available on request. I agree to support the staff in their efforts to provide a positive learning experience for all children in the school.**

**1st Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2nd Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If any of the details in this form change – e.g. change of address, phone number etc please inform the school at the earliest opportunity.**