Ballycullane National School
New Ross, Co. Wexford. Phone: 051 562542
E-mail: office@ballycullanens.com Web:www.ballycullanens.com

School Enrolment Form 2027/2028

NOTE: All forms must be completed in full and returned to the school, along with a copy of Child's Birth Certificate.

Name of Child (in full, as on Birth Certificate): _____

Name that Child is known by if different from above: _____

Address at which child resides:

_____

Date of Birth: _____ **Child's PPS NO: _____**

Eircode: _____

Nationality: _____ Country of Birth:

If not born in Ireland, date on which child arrived in Ireland?

Mother's Nationality: _____ **Father's Nationality: _____**

***If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.**

Mother's Name: _____ Father's Name: _____

Mother's Mobile No: _____ Father's Mobile No: _____

Mother's Occupation: _____ Father's Occupation: _____

Contact Email Address: _____

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

Religious denomination: _____

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

Where? _____

Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine, **please inform the school with a note or phone-call.**

Person who usually collects child(ren)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

If my child gets sick, or the school has to close unexpectedly, etc and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.

Person the school will contact:

1

_____

Tel/mobile: _____

2

_____

Tel/mobile: _____

Medical Emergency/Accident
That 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/children to a Doctor/Hospital if an emergency arises.

Signed (Parent/Guardian)

Family Doctor.

Doctor's Name _____ Telephone No: _____
Do your child/children have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school?

Medication taken: _____

It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies.

Does your child/children have an allergic reaction to medication or food?

_____

_____

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

Parental Permission		
Do you give permission to administer basic first aid (e.g. putting on a plaster) if your child has an accident at school/games/school tour? If an accident is of a more serious nature, the school will contact Parent/Guardian.	Yes	No
Do you give permission for your child to be taken to a Doctor/Hospital in case of a serious accident/Illness?	Yes	No
The HSE asks us to supply information for vaccinations, eye tests, hearing tests. Etc. Do you agree to this?	Yes	No
I/We read the Code of Behaviour available on the school website and agree to support this policy. Our Code of Behaviour is available on the school Website.	Yes	No
I/We support ALL School Policies as outlined on the school Website – including the Admissions, Bí-Cinéalta, Healthy Eating, Child Safeguarding and Internet Acceptable Use Policy, etc. All available on www.ballycullanens.com	Yes	No
I/We give permission for my child's religion and ethnic background to be transferred to the Department of Education and Skills Pupil Data System (POD).	Yes	No
I/We give permission for my/our contact details to be uploaded to the school *Aladdin system.	Yes	No
I agree to contact the school immediately if I change my address, telephone number or email address as these details are essential for contact with Parents/Guardians.	Yes	No
I/We give permission for my child to participate in all school tours (details of which will be notified to you) and all short local trips (park, nature walks, etc.) usually within walking distance of the school.	Yes	No
Educational / Diagnostic Tests		
During your child's time in Ballycullane National School, 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 screening/diagnostic tests to be carried out with my child.	Yes	No
I give permission for my child to receive additional support from the Special Educational Needs (SEN) teachers within the school, if required. Parents will be informed prior to children being withdrawn for additional support.	Yes	No
Absences		
I understand that the school must report to Túsla if a child is absent from school for 20 days or more and that if a child is absent for a prolonged period but without explanation and the Parents/Guardians cannot be contacted the school will contact the relevant authorities.	Yes	No
Child Protection and Welfare		
I understand that should the school have reasonable cause for concern regarding my child's wellbeing/safety or if my child discloses any form of abuse, the school is bound to inform the HSE.	Yes	No

GDPR

Ballycullane National School is registered as a Data Controller under the Data Protections Acts 1988 and 2003 and we follow GDPR regulations as set down in 2018. The personal data supplied on this application form is required for the purpose of student enrolment, registration, administration, child welfare and to fulfil our legal obligations. Contact details will be used to notify you of school events/activities. While the information provided will generally be treated as confidential to St. Peter's N.S., from time to time it may be necessary for us to exchange personal data on a confidential basis, where we are legally required to do so, with other bodies including the Department of Education & Skills, the Department of Social Protection and Family Affairs, an Garda Siochána, the Health Service Executive, Túsla and other schools where the student is transferring. We rely on parents/guardians to provide us with accurate and complete information and to update us in relation to any changes in the information provided. Should a parent/guardian wish to update their own or their child's personal data, they should put the amendment/s in writing to the school principal. A copy of our GDPR Policy is available on our website or on request from the principal.

Signed: Parent/Guardian's _____ _____.

Date: _____.

Consent for Photographs and Digital Images

Our school maintains a database of photographs and digital images including videos of school events. It has become customary to take photos and videos of students engaged in activities to create a pictorial and historical record of school life and as a means of presenting projects and work done. Photographs and videos may be published on our school website, newsletters, Social Media, school blog, calendars and local and national newspapers. In the case of the website images student's names will not be recorded with the picture.

Signed: Parent/Guardian's _____ _____.

Date: _____.

It is very important that we have up to date contact details for parents and childminders, in the event that any of the details on this enrolment form should change whilst your child is attending this school, please inform us immediately.

Internet Permission

I have read the Internet Acceptable Use Policy on the website and grant permission for my child to access the internet. I understand that school internet usage is for education purposes only and that every reasonable precaution will be taken by the school to provide for online safety. I accept my own responsibility for the education of my child on issues of Internet Responsibility and Safety. I understand that having adhered to all the enclosed precautions the school cannot be held responsible if my/our child tries to access unsuitable material.

Signed: Parent/Guardian's _____ _____.

Date: _____.

Information for Department of Education and Skills Primary Online Database.

The Department of Education and Skills have developed an electronic database of primary school pupils called the Primary Online Database (POD). This database will allow the Department to evaluate progress and outcomes of pupils at primary level, to validate school enrolment returns for grant payment and teacher allocation purposes. Both religion and ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil's parent/guardian to identify their child's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. All other information held on POD was deemed by the Data Protection Commissioner as non-sensitive personal data.

Signed: Parent/Guardian's _____ _____.

Date: _____.

Medical and/or Other Adverse Circumstances Please give details and specify if your child has any medical condition that the school needs to be aware of (e.g. asthma, epilepsy, etc.) allergies (e.g. nuts antiseptics, penicillin, etc.). If there are any medical reports in relation to any of the above, please provide a copy.

_____

Additional Information: Please give details and specify any information which might be considered to affect your child's education and progress in school. If you have any concerns or there are any other issues regarding your child's education, we ask that you communicate these with the principal to enable us support his/her education.

_____

Note:

- If there are any orders or other arrangements in place governing access to, or custody of the child, please provide details and include supporting evidence.
- The acceptance of this application is **not** a guarantee of placement.
- Please note this application is not valid unless all sections have been completed and all information regarding your child has been provided. This allows us to ensure that places are allocated fairly in line with our Admissions Policy and to plan the allocation of resources to meet the needs of any incoming pupils with special educational needs.

Signed: Parent/Guardian's _____ _____.

Date: _____