



Ballycullane National School New Ross, Co. Wexford. 051 562542
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School Enrolment Form

Note: All forms must be completed in full and returned to the school, along with a Birth Certificate. Completion of this form does not guarantee your child a place in the school.

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

Address at which child resides: _____

Telephone No: _____

Date of Birth: _____

Nationality: _____ Country of Birth: _____

If not born in Ireland, date on which child arrived in Ireland: _____

Child's PPS NO: _____ Mothers Maiden Name: _____

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.**

Father's Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

Mother's Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

Guardian's Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

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

Religious denomination: _____

If your child was baptised please state where it took place: _____

Did you child attend preschool: _____ for how long: _____

Where? _____

Does he/she speak well? _____

Has your child ever had a psychological assessment? _____

Has your child ever received a speech and language report? _____

Name of brother/sister in this school: _____

Class: _____

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)

_____	Phone _____
_____	Phone _____
_____	Phone _____
_____	Phone _____

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 _____	2 _____
_____	_____
_____	_____
Tel/mobile: _____	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 (Only if you wish)

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.

Do 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?

I consent to my child's participation in the RSE Programme

Parents Signature: _____

I consent to my child's participation in the Stay Safe Programme

Parents Signature: _____

Screening Tests are carried out in the school on all children from Infants to 6th Class. I allow my child to do these tests.

Parents Signature: _____

During your child's time in Ballycullane NS 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.

Parents Signature: _____

I give permission to allow my child to attend the Learning Support/Resource teacher if deemed necessary.

Parents Signature: _____

I give permission to allow my child's photograph/image to be included in school-related activities, competitions, Websites, Communion, Confirmation etc.

Parents Signature: _____

I give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE (school nurse, doctor, dentist), etc.

Parents Signature: _____

I give permission to allow my child to go on school tours, local educational visits/field trips and participating in school activities (e.g. Matches, quizzes, choir etc)

Parents Signature: _____