



## Enrolment Form

### Child's Details

Child's first name: \_\_\_\_\_

Child's Surname: \_\_\_\_\_

(Name must be exactly as it appears on birth certificate or Passport)

*We require a copy of your child's birth certificate. If your child was baptised outside of Ballinlough Parish we also require a copy of the baptismal certificate.*

Child's date of birth: (dd/mm/yyyy) \_\_\_\_\_

Gender: M:  F:

PPS Number: \_\_\_\_\_

Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_ Where baptised: \_\_\_\_\_

No of children in family: \_\_\_\_ Names of siblings in school (if any):  
\_\_\_\_\_

### Contact Details

In the event your child becomes ill during school time, we will contact parents. If either parent cannot be reached we contact the emergency contact person. Therefore please provide the name of a childminder / relative / or friend we can contact in the event we cannot contact the parents / guardians.

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Home Phone number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Home Phone number: \_\_\_\_\_ Work Number: \_\_\_\_\_

With whom does the child normally live?

Both parents: : Father  Mother:

Other:  (Please specify) \_\_\_\_\_

If your child resides with another person, please give their details

Name: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Home Phone: number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Emergency contact person. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Home Phone: number: \_\_\_\_\_ Work Number: \_\_\_\_\_

2<sup>nd</sup> Emergency contact person. Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Mobile number: \_\_\_\_\_  
Home Phone: number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Are there any court orders in place regarding your child? Yes  No   
If yes please give details: \_\_\_\_\_

**It is vital that you inform us of any changes of mobile, work or home numbers or changes of emergency person contact details should we need to contact you in an emergency.**

### Medical and Developmental History

Please list any problems your child may have in relation to health (e.g. Allergies (food or other), asthma, epilepsy, sight, hearing, speech, fainting etc.), toilet training, pacifier (soother) use etc. Please give details:

\_\_\_\_\_

Has your child ever been referred to any of the following? Speech and language therapist, Eye/ Ear Specialist, Child Guidance Clinic, Psychological Services, Occupational therapist or any special education specialist? Please supply report to school if applicable, in the strictest confidence.

\_\_\_\_\_

Name of Family Doctor \_\_\_\_\_  
Phone No: \_\_\_\_\_

### Educational History

Nursery / Playschool attended: \_\_\_\_\_  
Dates attended: From: \_\_\_\_\_ To: \_\_\_\_\_

For children transferring from another school, please give details of previous school attended:

Name of school: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Dates attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Current class: \_\_\_\_ Reason for transfer: \_\_\_\_\_

*Please inform your previous school that we require a letter from them under the Educational Welfare Act 2000 concerning your child's attendance. We will also need your child's educational progress report from the previous school.*

### Consents

Do you consent for your child to participate in school trips? For example, school tours, local educational visits/field trips, to church and hall, sports and participation in school activities.

Yes  No

Do you give permission for your child to be taken immediately to a doctor or hospital in case of serious illness/accident?

Yes  No

On occasions such as Communion, Confirmation and other school events (sports day) local press photographers take group/individual photos of children. Do you agree to the school using your child's image in this way? Yes  No

Do you consent for your child's photo (NOT name) to be used in relation to publicising school events and activities in our newsletter, website and school notice board. Yes  No

It is the schools policy to celebrate your child's work and achievements. As a result, images of your child and his/her work may appear on our website. At no stage will your child be identified by name. Usually children will only be pictured at a distance and in groups. Do you agree to the school using your child's image in this way? Yes  No

Do you give consent to your child to access the internet in accordance with "acceptable use policy" (available from the office). The internet is accessed on the Inter active White Board by the Teacher as an educational tool and on computer in line with the "Acceptable Use policy". (available from the Office) Yes  No

Do you consent to your child taking formal instructions in the Stay Safe and RSE Programme, (a personal safety and Health Education programme)? Yes  No

Most classes have an extra support teacher assigned to help all children in the class. On occasion, it may be necessary for organisational reasons to remove a group of children to another room to work with this teacher or the class teacher. (If your child is experiencing learning difficulties you will be informed personally by the teacher). Do you agree? Yes  No

On occasion, we administer 'Diagnostic tests' (e.g. Neale Analysis, MIST, Belfield Infant Screening NRIT) to discover the educational progress of pupils. Should any concerns arise following these tests we will contact you. Do you agree to this? Yes  No

Any other relevant information about your child: \_\_\_\_\_

\_\_\_\_\_

Checklist
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- Completion of Form
- Birth Certificate & Baptismal cert if relevant.
- Any relevant Reports regarding your child
- Report from previous school if relevant.

I have read the School Code of Behaviour and agree that my child will abide by this code.

I / We confirm the above details are correct.  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_