

Ballindaggin National School

Ballindaggin, Enniscorthy Co. Wexford 053 93 88728

stcolmansnsballindaggin@gmail.com
Principal: Mr Conor Mc Donald

Enrolment FORM 2020/21

Please fill in <u>all boxes</u> using			
BLOCK CAPITALS			
Pupil's Name:	Religious Denomination:		
Date of Birth:	Male/Female		
*P.P.S. Number: This box must be filled in	Country of Birth:		
Address:	Nationality:		
	If born outside the country, year of arrival in Ireland:		
*Eircode: This box must be filled in	Languages spoken in the home:		
First Parent/Guardian Details	Second Parent/Guardian Details		
First Name:	First Name:		
Last Name:	Last Name:		
Relationship to child:	Relationship to child:		
Phone No (Home):	Phone No (Home):		
Phone No (Work):	Phone No (Work):		
Phone No (Mobile):	Phone No (Mobile):		
email Address:	email Address:		
Names of brothers/sisters in this school:			
It is school policy to pass on the above information to the Department of Education and Skills to register your child in the Education system.			
	Yes	No	
Are there any orders or other arrangements in place governing access to or custody of your child?			

The school may share Personal Pupil Data with other organisations such as HSE, Tusla, An Garda Síochána, etc where there is a legal basis for doing so under GDPR.				
Name of Previous School/Pre-school:				
Address				
Address:				
Principal's Name:	Phone No:			
Additional local contact names, to be contacted	ed in emergencies 「Not the sam	e as ab	ovel	
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Name:	Phone No:			
Relationship to child:				
Name:	Phone No:			
Trainer	Thomas No.			
Deletionation to abild.				
Relationship to child:				
Name:	Phone No:			
Relationship to child:				
		<u> </u>	1 1	
Please tick		Yes	No	
Have you attached a Birth Certificate for your c	hild?			
If your child was baptised please state where it took place				
11 your cline was baptised please state where it took place				
Only if baptised <u>outside</u> the Parish of Ballindaggin please attach a copy of Baptismal Certificate				

Relevant Medical Information:	
Family Doctor: Any medical concern/information of relevance?	Phone No: (use a separate sheet, if required)
Any mountain contain, morning or contained	(use a separate sireet, ii : equility)
Has your child any Special Educational Needs? Details:	
Details:	

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

	Yes	No
I give permission for my child to be photographed for school projects, local		
newspapers & school related activities & to be displayed at School & on line		
I give permission for my child 's photograph and or work to be used on the		
schools website & Twitter account		
I give permission for my child to go on school trips under teacher supervision		
I give permission for my child to attend Learning Support if the need arises		
I give permission for my child to undergo various Diagnostic and Educational		
tests		
Annually the school is asked to provide information to the HSE to facilitate		
their work, immunisations, sight & hearing tests, dental appointments etc.		
and to the Parish Office for preparation for the Sacraments.		
I give permission for my child's details to be made available		
The Department of Education Primary Online Database –POD requires us to		
enter pupil data.		
I give parental consent to share my child's Ethnic or Cultural background &		
religion with the DES		
I give permission for my child to receive basic first aid i.e. to be treated for		
minor accidents (e.g. cuts, grazes). Staff have basic first aid training.		
In the event of an emergency 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.		
I give consent to the school to discuss with and to receive relevant		
information, such as records & reports, oral & written from his/her Pre		
School/Early Intervention Services		
I acknowledge that I have read and accepted the Code of Behaviour.		
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.		

More information about Ballindaggin National School is available on our website including policies: www.ballindagginnss.ie

I/we wish to enrol my/our child in Ballindaggin NS		
Signed:	Parent/Guardian Date:	
Signed:	Parent/Guardian Date:	
Both Parents/Guardians to sign		