



# Ballindaggin National School

Ballindaggin,  
 Enniscorthy  
 Co. Wexford  
 053 93 88728  
[stcolmansnsballindaggin@gmail.com](mailto:stcolmansnsballindaggin@gmail.com)  
 Principal: Mr Conor Mc Donald

## Enrolment FORM 2019/20

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

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:

Principal's Name:

Phone No:

Additional local contact names, to be contacted in emergencies [Not the same as above]

Name:

Phone No:

Relationship to child:

Name:

Phone No:

Relationship to child:

Name:

Phone No:

Relationship to child:

Please tick

Yes

No

Have you attached a Birth Certificate for your child?

If your child was baptised please state where it took

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Only if baptised outside the Parish of Ballindaggin please attach a copy of Baptismal Certificate

**Relevant Medical Information:**

**Family Doctor:**

**Phone No:**

**Any medical concern/information of relevance? (use a separate sheet, if required)**

**Has your child any Special Educational Needs?  
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 an 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.ballindagginss.ie](http://www.ballindagginss.ie)

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