**Application for Admission 2021/22**

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| **Please fill in all boxes 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:** | |  | | | |
| **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 place**  **.......................................................................**  **Only if baptised outside the Parish of Ballindaggin please attach a copy of Baptismal Certificate** | | | | | |

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| --- | --- |
| **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 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](http://www.ballindagginnss.ie)

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