

Admission of New Pupils **Application Form** Academic Year 2023 / 2024

Please complete as fully as possible in <b>BLOCK CAPITAL</b> attention. Please include original copies of (a) the child's <u>B</u> than 2 months old, showing child's address. All information is held in strict confidence. Final enrolment depends on chi database of the Department of Education and Skills.	Birth Certificateand (b) a Utility Bill no moreNo:n required is for benefit of the child's welfare, and(office use only)			
Family Name	Irish Name (if known)			
First Name	PPS Number			
Date of Birth Sex	Religious Nationality			
Address	Doctor			
	Doctor's Telephone ( )			
	Preschool			
Eircode	Previous School if applicable			
Home Telephone ( ) Place of Baptism if applicable				
Mother	Father			
Name	Name			
Maiden Name	Mobile ( )			
Mobile ()				
Work telephone ( )	Email			
Email	Circle preferred number for school texts: MUM DAD			
Names & telephones of people to be contacted , should either parent be uncontactable:	Arrangements, should the child become ill while at school:			
A Do you give permission for your child to be taken to h	nospital in case of serious accident Yes No			

- Does any legal order exist under Family Law, which the school should be made aware В of? If so, please detail overleaf.
- Are you in agreement with the school giving your name and mobile number to the С Parents' Association Committee so that you are kept posted on current activities?
- Occasionally the Board of Management and Parent Association distributes the list of all D parents' names among parents. Are you in agreement with this?

Do you give permission for your child to go on school tours, outings, and field trips? (This does not override your parental right to withdraw your child from any outing. A E note of their withdrawal must be submitted to the school principal.)

Is(Are) there any other person(s) who should receive school correspondence with F reference to this child (e.g. parent/teacher meetings, school reports etc.)? If so, please detail overleaf.

Yes	No	
Yes	No	
Yes	No	ſ

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G	Are you happy for us to share your name and mobile number with other parents of children in your child's class, to help communication re birthday parties etc.?	Yes	No	
Н	Do you give permission to show your child PG & G films?	Yes	No	
Ι	Is your child allergic to anything in a typical First Aid Kit? If so, please detail below.	Yes	No	
J	Do you agree with school newsletters being sent home to you by email rather than with your child? – <i>in keeping with the Ballybay NS Green School initiative</i> .	Yes	No	
K	Have you applied to enrol your child in any other school?	Yes	No	
L	Normally, the school uses images and footage of pupils to exhibit the school's activities – on the school website, its twitter feed and in newspapers. Please discuss this with your ch * if you wish him/her to be included in these images and footage please tick <b>Yes</b> . * if you wish him/her to be excluded, please tick <b>No</b> .		Yes	
	Staff will assume that you have discussed this with your child, and he/she is aware of this		No	

## **Additional Information**

All children follow the Relationship and Sexuality Education and Stay Safe programmes as part of the curriculum. It is an enrolment requirement that you inform the school of any health, behavioural, emotional or learning difficulties your child may have. Please provide the school with any reports or assessments. List any problems your child may have in relation to allergies, epilepsy, asthma, sight, hearing, speech, toilet training, inability to cope with buttons/laces, learning, or any problems for which special provisions may need to be made, in consultation with you. It is very important – and in the interest of your child – that teachers are aware of all relevant information.

On behalf of our child, we accept the procedures and rules of the school, and we will co-operate with all school policies and support the Board of Management and staff of the school in upholding its ethos. (Policies are available at www.ballybayns.scoilnet.ie)

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Signed:

Date:

Date:

Please note: The closing date for return of this form is February 24<sup>th</sup> 2023.

Receive	d by:		For office use only	Date		
Documents received (In) and returned (Out)						
Utility Bill:	In	Birth Cert:	In		Notoo	
	Out		Out		Notes:	