

Ballybay Central National School

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Admission of New Pupils
 Application Form
 Academic Year
 2024 / 2025

Please complete as fully as possible in **BLOCK CAPITALS**, and return to the school, for the principal's attention. Please include original copies of (a) the child's **Birth Certificate** and (b) a **Utility Bill** no more than 2 months old, showing child's address. All information required is for benefit of the child's welfare, and is held in strict confidence. Final enrolment depends on children's details being uploaded to **POD**, the online database of the Department of Education and Skills.

Registration No:
 (office use only)

<p>Family Name _____</p> <p>First Name _____</p> <p>Date of Birth <input type="text"/> Sex <input type="text"/></p> <p>Address _____ _____ _____</p> <p>Eircode _____</p> <p>Home Telephone () _____</p> <p>Mother</p> <p>Name _____</p> <p>Maiden Name _____</p> <p>Mobile () _____</p> <p>Work telephone () _____</p> <p>Email _____</p> <p>Names & telephones of people to be contacted, should either parent be uncontactable: _____ _____</p>	<p>Irish Name (if known) _____</p> <p>PPS Number _____</p> <p>Religious Denomination <input type="text"/> Nationality <input type="text"/></p> <p>Doctor _____</p> <p>Doctor's Telephone () _____</p> <p>Preschool _____</p> <p>Previous School if applicable _____</p> <p>Place of Baptism if applicable _____</p> <p>Father</p> <p>Name _____</p> <p>Mobile () _____</p> <p>Work telephone () _____</p> <p>Email _____</p> <p>Circle preferred number for school texts: MUM DAD</p> <p>Arrangements, should the child become ill while at school: _____ _____</p>
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A	Do you give permission for your child to be taken to hospital in case of serious accident or illness?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
B	Does any legal order exist under Family Law, which the school should be made aware of? If so, please detail overleaf.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
C	Are you in agreement with the school giving your name and mobile number to the Parents' Association Committee so that you are kept posted on current activities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
D	Occasionally the Board of Management and Parent Association distributes the list of all parents' names among parents. Are you in agreement with this?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
E	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 note of their withdrawal must be submitted to the school principal.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
F	Is(Are) there any other person(s) who should receive school correspondence with reference to this child (e.g. parent/teacher meetings, school reports etc.)? If so, please detail overleaf.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>



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G	Do you give permission to show your child PG & G films?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
H	Is your child allergic to anything in a typical First Aid Kit? If so, please detail below.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I	Have you applied to enrol your child in any other school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
J	Normally, the school uses images and footage of pupils to exhibit the school's activities – in displays, on the school website, and in newspapers. Please discuss this with your child, and * if you wish him/her to be included in these images and footage please tick Yes . * if you wish him/her to be excluded, please tick No .			Yes	<input type="checkbox"/>
	Staff will assume that you have discussed this with your child, and he/she is aware of this.			No	<input type="checkbox"/>

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)

Signed:

Date:

Date:

Please note: The closing date for return of this form is February 9th 2024.

For office use only

Received by:

Date:

Documents received (In) and returned (Out)

Utility Bill:	In
	Out

Birth Cert:	In
	Out

Notes:
