



Ballyduff National School

Ní neart go cur le cheile.

Ballyduff National School, Kilmeaden, Co. Waterford X91 Y510. Tel: 051384414 info@ballyduffns.com
Roll Number: 13635R

Enrolment Form - September 2021
(Please complete Enrolment Application Form in full)

PUPIL DETAILS

Surname: **First Name:** **Date of Birth:**
.....
Address: **Post Code:**
.....
Class: **Student's PPS No.:** **First Language:**
.....
(7 digits and 1 or 2 letters)
Sex: Male Female (please tick) **Nationality:** **Religion:**
.....

Parental Consent to share data i.e. Ethnic or cultural background and Religion with Department of Education and Skills Primary Online Database (POD) Yes No

Has your Child been Baptised in Ballyduff Yes No

If no please attach a copy of your child's Baptismal Certificate with enrolment form, if applicable.

Mobile phone number to be designated for text messaging service
(If you change your mobile number please notify the school immediately)

Contact E-mail Address:

PARENT / GUARDIAN DETAILS

Mother **Guardian** (please tick)

Name:

Address: (if different from above).....
.....

Maiden Name:

Tel. No.: **Mobile:**

Father **Guardian** (please tick)

Name:

Address: (if different from above).....
.....

Tel. No.: **Mobile:**

Work No.:

Work No.:

IF PARENTS/GUARDIANS ARE NOT AVAILABLE

Please contact: 1. Contact No.:
2. Contact No.:
3. Contact No.:

EDUCATION HISTORY

1. Has your child attended Playschool / Montessori School? Yes No

Name of School

2. Name and Address of Previous Primary School Attended.

.....

• Do you give permission for your child to attend the Learning Support Teacher, if deemed necessary? Yes No

OTHER FAMILY MEMBERS IN BALLYDUFF N.S.

Name of Pupil : Class:

Name of Pupil : Class:

Name of Pupil : Class:

MEDICAL HISTORY

Doctor's Name: Tel. No.:

Dentist's Name: Tel. No.:

• In an emergency, can the school contact your doctor or an ambulance? Yes No

• Is your child taking any medication that the school should be aware of? Yes No
(If yes please contact school to complete Form to Administer Medication)

• Does your child suffer from any allergies? If yes, please specify: Yes No

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I understand that all data is treated in accordance with Data Protection Legislation and the terms of the School Data Policy.

Parents Signature: Date:

