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

Roll Number: 13635R

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 **Enrolment Form - September 2021**

**(Please complete Enrolment Application Form in full)**

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| **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: ……………………****Work No.: ………………** | **Father Guardian** (please tick)**Name: ..........................................................................****Address:** (if different from above)**……………………****…………………………………………………………****…………………………………………………………** **Tel. No.: ……………… Mobile: ……………………****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 ……………………………………………………………………………. …..**1. **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**

**…………………………………………………………………………………………………………**  **…………………………………………………………………………………………………………** |
| **I understand that all data is treated in accordance with Data Protection** **Legislation and the terms of the School Data Policy.****Parents Signature: ……………………………………….. Date: ………………..** |