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Ballyduff National School, Kilmeaden, Co. Waterford X91 Y510. Tel: 051384414 [info@ballyduffns.com](mailto: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: ………………..** | |