

Ballyduff National School, Kilmeaden, Co. Waterford X91 Y510

Email: [info@ballyduffns.com](mailto:info@ballyduffns.com) Tel: 051-384414

**ENROLMENT FORM 2023**

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| **Enrolment Year 2023** | Mainstream Junior Infants  Early-Intervention Class for Children with Autism (Pre-school)  Primary School Autism Support Class  ***Tick only one option.*** |
| **Childs Name:** |  |
| **Address:** |  |
| **Eircode:** |  |
| **Date of Birth:** |  |
| **Male / Female:** |  |
| **PPSN:** |  |
| **Nationality:** |  |
| **Religion:** |  |
| **Parish:** |  |
| **Date & Church of Baptism (if applicable)** |  |
| **Previous School:** |  |
|  |  |
| **PARENT/GUARDIAN INFORMATION** |  |
| **Father/Guardians Name:** |  |
| **Mobile No. & Work No.** |  |
| **Email Address:** |  |
|  |  |
| **Mother/Guardians Name:** |  |
| **Mobile No. & Work No.:** |  |
| **Email Address:** |  |
| **Emergency Contact:** |  |
| **Name of Siblings in School:** |  |
| **Does any legal order that the school should know about?** |  |
| **MEDICAL INFORMATION** |  |
| **Name of Doctor:** |  |
| **Address of Doctor:** |  |
| **Contact No. of Doctor:** |  |
| **Details of Medical Conditions:** |  |
| **Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **CONSENT:**  *Please note that ALL consent is intended for the duration of your child’s enrolment at Ballyduff NS.* | |
| **POD**  I/We consent to my/our child’s PPSN, Name, Address, Date of Birth, Gender, Nationality, Religion, Ethnic Background, Learning Support/Irish Exemption information being stored on the Primary Online Database (POD) and transferred to the Department of Education & Skills. | |
| **LEARNING SUPPORT**  I/We consent to my/our child receiving help from the Learning Support Teacher if required. | |
| **CODE OF BEHAVIOUR**  I/We have read and accepted the Code of Behaviour of Ballyduff NS and will ensure compliance with the code by my/our child(ren). | |
| **IMAGE CONSENT**  I/We consent for photographs and /or video recording of my/our child(ren) to be taken within the school context. It is intended that images be used within the school and promotional material for the school (including use on social media). In addition, I/we consent for photographs to be taken for local/national newspapers as maybe appropriate from time to time. | |
| **CONSENT TO ADMINISTER MEDICAL AID**  I/We consent to basic medical aid to my/our child/children as required. | |
| **TRAVEL**  I/We the undersigned give permission for my/our child(ren) to attend and/or participate in any school related excursions whether curricular or extra-curricular.  These excursions include but are not limited to school tours, swimming, field trips, matches, after school activities, inter-school events/competitions etc. | |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |