

**Admissions Form for Ballinacarriga National School**

1. **Child’s Details**

Child’s Full Name (as on Birth Certificate)

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PPS No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_

Eircode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed date of entry to Ballinacarriga National School: \_\_\_\_\_\_\_\_\_\_\_\_\_

Age of your child on date of entry: \_\_\_\_\_\_\_\_ years \_\_\_\_\_\_\_ months

1. **Religion**

Child’s Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Previous Education**

Has your child attended a pre-school: Yes □ No □

If so, please give name of preschool: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many years did they attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Transferring from another Primary School** (only fill in this information if your child was previously enrolled in another Primary School)

Name of School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your child receive Special Education Teaching such as English Language/Literacy/Numeracy? Yes □ No □

Name of SET if applicable? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consent to Ballinacarriga NS contacting the above named school/teacher to discuss your child’s learning as part of their transition to our school? Yes □ No □

1. **Family Details**

Number of children in the family: \_\_\_\_\_\_\_

Place of this child in the family: \_\_\_\_\_\_\_

Are there any orders or other arrangements in place governing access to or custody of your child?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F) Contact Details:**

Parent 1: First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2: First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS FOR CORRESPONDENCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEXT-A-PARENT MOBILE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**One number only per family.** This number will receive text message from school with school updates or reminders

**G) Medical History**

Does your child suffer from any medical conditions which may affect your child attending school?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child has been referred for professional help to a Psychologist, social worker or any other specialist, please give details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report Available: Yes □ No □

Is your child on any medication? Yes □ No □ If so, please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child any known allergies? Yes □ No □ If so, please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor Details:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**H)** Has your child ever availed of Early Intervention Services? Yes □ No □

Has your child ever had an Assessment of Need?Yes □ No □

Has your child ever been assessed by a Speech & Language Therapist? Yes □ No □

Has your child ever been assessed by an Occupational Therapist? Yes □ No □

Has your child ever attended a psychologist? Yes □ No □

Has your child ever been seen by CAMHS? Yes □ No □

If Yes to any of the above, are there any reports available Yes □ No □

(This information is relevant to the school in order to obtain any additional help your child may need).

Is there anything else you would like us to know about your child?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I)** **Permission**

If you have any concerns regarding any of the items below, please contact the school at [info@ballinacarriga-ns.ie](mailto:info@ballinacarriga-ns.ie)

I/We consent to the following:

1. To comply with the implementation of Ballinacarriga National School’s complaint/concern procedure. Yes □ No □
2. To a doctor being contacted and my child being taken to hospital in case of an emergency, if I/we cannot be contacted. Yes □ No □
3. To the inclusion of my child’s photograph or video clip on the school website/Facebook page/twitter account or for school events being reported on, in local or national newsletters and newspapers. Yes □ No □
4. To my child’s uniform being changed by a staff member in the presence of another staff member in case of illness or a toilet accident. Yes □ No □
5. To the inclusion of my child in Liturgical Celebrations and participation in the Catholic Religious Education Programme with Ballinacarriga’s Catholic ethos (e.g. School mass, Sacrament of Reconciliation etc.) Yes □ No □
6. To give permission for my child to go on school trips under teacher supervision (e.g. trips to the local town park, local historical buildings, school matches, school tours etc.) Yes □ No □
7. To allow my child to the special education teacher for support (if necessary). Yes □ No □
8. To give my contact details to the HSE School nurse, doctor and dentist. Yes □ No □
9. To the inclusion of the information provided on this Admissions Form to the Department of Education’s Primary Online Database upon my child’s enrolment in Ballinacarriga N.S. Yes □ No □
10. To put a plaster on my child. Yes □ No □
11. For my child to use the computers/ipads in the school in line with our Acceptance Use Policy. Yes □ No □
12. To allow my child to enter school competitions and for their name and date of birth to be shared with the organisers. Yes □ No □
13. I understand that my child will participate in the Stay Safe Programme and Relationship & Sexuality Programme as part of the SPHE curriculum. Yes □ No □

I/We agree to familiarise myself/ourselves with all school policies, agree to abide by them and agree to discuss them at an appropriate level with my child.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please make sure the school is aware as early as possible of any family situation such as bereavement, separation, custody issue or ill health that could impact on your child, so that we can be as supportive as possible.**

Please attach a copy of your Child’s Birth Certificate as this is required for enrolment purposes.

**Thank you for providing the information requested in this ‘Admissions Form’. The information supplied will assist us in supporting your child as a pupil in Ballinacarriga N.S. The information will be treated as private and confidential and will be released to staff members on a need to know basis only.**

**Department of Education & Skills’ Primary Online Database**

Dear Parent,

As you may be aware, the Department of Education & Skills has developed an individual database of primary school children, called, The Primary Online Database (POD). Any information you may require can be found on [www.education.ie](http://www.education.ie) The Department of Education and Skills has requested we acquire the following information.

To this end, I will need the following information from you:

**Please complete in BLOCK CAPITALS:**

1. Parent/Guardian’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Child’s full name as seen on his/her Birth Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Child’s PPS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or mother’s maiden name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Is one of the pupil’s mother tongues (Language spoken at home) Irish or English?

Yes \_\_\_ No \_\_\_

1. Ethnic or Cultural Background: (Please tick one of the following)

White Irish \_\_\_ Irish Traveller\_\_\_ Roma \_\_\_ Any other white background \_\_\_

Black or Black Irish-Africian \_\_\_ Black or Black Irish -Any other Black Background \_\_\_

Asian or Asian Irish-Chinese \_\_\_ Asian or Asian Irish-Any other Asian background \_\_\_

Other \_\_\_

1. Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If your child attended another Primary School before enrolling in Ballinacarriga National School, please give the name and address of the school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent for the personal data in question 8 to be stored on the POD and sent to the Department of Education & Skills and any other primary schools my child may transfer to during the course of their time in Primary School:

**Signed: (Parent/Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I consent for the personal data in question 9 to be stored on the POD and set to the Department of Education & Skills and any other primary schools my child may transfer to during the course of their time in Primary School:

**Signed: (Parent/Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Thank you for completing and returning this form to Ballinacarriga National School.

Yours sincerely,

***Róisín Hurley***

**Principal**