



Ballymore National School
Ballymore, Dunfanaghy,
Letterkenny, Co. Donegal.

School Roll No: 18250W
Telephone: (074) 9136255
Mobile: 0861548101
Email: ballymoreschool@yahoo.co.uk
Charity Number: 20202358

Under the Patronage of the Church of Ireland Bishop of Derry and Raphoe.

Application for Enrolment of New Pupils

Note: Please ensure that you have included a Birth Certificate and Baptismal Certificate (if applicable) with this form. These documents will be photocopied and returned to you. Completion of this form does not guarantee your child a place in the school.

Child's Details:

Intended class: _____

Name of Child (in full, as on Birth Certificate) _____

Date of Birth: _____ PPS Number: _____

Home address: _____

Country of Birth: _____ Nationality: _____

If other than Irish, please state date of arrival in Ireland: _____

Languages spoken in the home: _____

Additional Details: (Please fill where applicable):

Name of Previous School/ Pre-School: _____

Address: _____

Principal/ Manager's Name: _____

Contact Number: _____

Parent/Guardian Details:

***If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.**

Name: _____ Relationship to child: _____

Mobile No: _____ Work telephone No: _____

Email address: _____

Name: _____ Relationship to child: _____

Mobile No: _____ Work telephone No: _____

Email address: _____

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours. If there is any change in this regard or if there is any other information which you think may be relevant **it is very important that the school is informed immediately.**

Other relevant information: _____

Alternative Contact Details:

Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine **please inform the school in writing.**

Person who usually collects child(ren)

_____ Phone _____

_____ Phone _____

_____ Phone _____

_____ Phone _____

Medical Details:

Please provide details of any medical conditions/ known allergies (medication or other)/ other issues may affect your child at school/ that the school should be aware of: _____

Has your child attended speech therapy? _____

Has your child attended Occupational therapy? _____

Has your child attended an Educational Psychologist? _____

Has your child any other Special Education/ Additional Needs? _____

*Please enclose copies of any relevant assessments

School Emergencies/Sickness/Unexpected Closures, etc.

The following information will be used by the school in the event of:

- Your child feeling sick
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils
- An unexpected closure of the school.

If my child gets sick, or the school has to close unexpectedly, etc and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.

Person the school will contact:

1 _____

2 _____

Tel/mobile: _____

Tel/mobile: _____

Medical Emergency/Accident

That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may bring my child/children to a Doctor/Hospital if an emergency arises.

Signed (Parent/Guardian) _____

Family Doctor (Only if you wish)

Doctor's Name _____ Telephone No: _____

It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies.

Additional Information:

Is there any other relevant information about your child/children which we should know? _____

Permission Details:

I consent to my child's participation in the RSE Programme

Parents Signature: _____

I consent to my child's participation in the Stay Safe Programme

Parents Signature: _____

Screening Tests are carried out in the school on all children from Infants to 6th Class. I allow my child to do these tests.

Parents Signature: _____

During your child's time in Ballymore NS, it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.

Parents Signature: _____

I give permission to allow my child to attend the Learning Support/Resource teacher if deemed necessary.

Parents Signature: _____

I give permission to allow my child's photograph/image to be included in school-related activities, competitions etc.

Parents Signature: _____

I give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE (school nurse, doctor, dentist), etc.

Parents Signature: _____

I give permission to allow my child's photographs and first name only to be published on the Ballymore National School Website.

Parents Signature: _____

I give permission to upload samples of work and photos of my child (where children will not be identifiable) on Ballymore National School Facebook Page. I understand that if at any time I wish for my child's photograph's not to be used, I must notify the principal or class teacher, at which point they will cease to post photograph's including my child immediately.

Parents Signature: _____

I give permission for the teachers to apply sun cream during hot weather to my child and my child will bring a sun hat to school.

Parents Signature: _____

I acknowledge that I have requested, via ballymoreschool@yahoo.co.uk, received, read and accepted the School General Policy, Code of Behaviour, Anti-Bullying Policy, Substance Use Policy, Internet Use Policy and RSE Policy of Ballymore NS. Having discussed and explained same with my child and I agree to abide by same.

I declare the above information to be correct and understand that it will be treated as confidential.

Signed: _____ **Date:** _____

Please ensure that you have included a Birth Certificate and Baptismal Certificate (if your child was Baptised) with this form. These documents will be photocopied and returned to you.

Principal's signature: _____ **Date:** _____

Birth Certificate received: _____ Yes No Returned: _____

Baptismal Certificate received: _____ Yes No Returned: _____