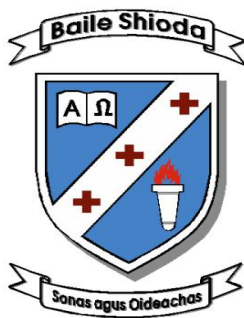


*Ballyheada N.S.
Ballinhassig
Co. Cork*



*S.N. Baile Shíoda
Béal Ath an Cheasaidh
Co. Chorcaí*

*Roll No. 155505
Phone 021-4885066
Fax 021-4979776*

*Uimhir Rolla 155505
Guthán 021-4885066
Facs 021-4979776*

APPLICATION FOR ENROLMENT

(All information required for School Records only and will be treated in the strictest confidence)
The acceptance of this application form by the school is not a guarantee of placement

Name of Child: _____

Date of Birth: _____ P.P.S. No: _____

Church of Baptism: _____

Proposed Date of Entry: _____ Class: _____

Father's Name: _____

Mother's Name & (Maiden Surname): _____

Home Address: _____

Telephone Numbers: Home _____

Work _____ Mobile _____ (Father)

Work _____ Mobile _____ (Mother)

Religious Denomination: _____

Parents' Occupations: Father: _____

Mother: _____

Any Previous Primary School attended: _____ Class _____ (In that School)

Reason for Transfer: _____

Name of Family Doctor: _____ Phone No: _____

ANY OTHER USEFUL INFORMATION:

Please indicate any factors, which you feel, we need to know in relation to your child i.e. health, (allergies, epilepsy, asthma, sight, hearing, speech, fainting, etc.) or any other problems.

Does any legal order under family law exist of which the school should be made aware? _____

It is essential that the school be made aware of any court order or family arrangement which might affect the child's welfare. It is also essential that the school be informed if there is any individual into whose custody the child should not be given. These matters should be discussed with the School Principal if a place is offered.

If the parent is single or separated, are notifications of meetings or important notes home required in duplicate?

Yes

No

Are there any assessments or reports on this applicant? If so, please enclose a copy.

Has this child any special needs or behavioural problems? Please detail below.

APPLICATIONS CANNOT BE PROCESSED AND WILL BE RETURNED, UNLESS THE FOLLOWING SECTION IS COMPLETED AND THE NECESSARY DOCUMENTATION ACCOMPANIES THIS FORM.

Alternative Arrangements in Emergency Situations:

If it became necessary to send this child home in an emergency (e.g. due to sickness, accident, school closure etc.), and we could not contact your home, please indicate **two** alternatives to contact (neighbours, friends, relatives etc - **Not a parent of this child**).

When suggesting alternatives we would ask you to ensure that those nominated

- (a) are aware of this and are willing to act as alternative
- (b) are within easy reach of this school and have access to transport

Name	Address	Phone Number & Mobile No
A: _____	_____	_____

B: _____	_____	_____
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Declaration: I, the undersigned, declare that all the information given above is correct. I have read and accept the School Rules, and I will ensure my child will do likewise.

Mother: _____

Father: _____

Date: _____

Date: _____

Please note:

- The school should be notified if there is any change in the circumstances of the parent(s) or child
- This application **MUST** be accompanied by the following documents as application cannot be processed without them. All documents will be copied and returned:-
 - (a) Copy of Baptismal Certificate (if child has been Baptised)
 - (b) Copy of Birth Certificate (Long form required)(c) School Report (if the child is entering any class above Junior Infants).