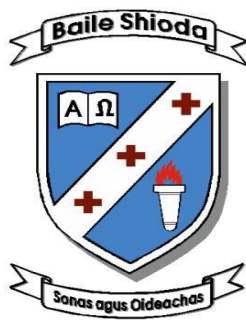


Ballyheada N.S.  
Ballinhassig  
Co. Cork

Roll No. 15550T  
Phone 021-4885066



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

Uimhir Rolla 15550T  
Guthán 021-4885066

### Application for Admission 2023/24

(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: \_\_\_\_\_ Nationality: \_\_\_\_\_

Proposed Date of Entry: \_\_\_\_\_ Class: \_\_\_\_\_

Father's name: \_\_\_\_\_ Father's mobile number: \_\_\_\_\_

Father's email address: \_\_\_\_\_ Father's work number: \_\_\_\_\_

Mother's Name & (Maiden Surname): \_\_\_\_\_

Mother's email address: \_\_\_\_\_ Mother's mobile number: \_\_\_\_\_

Mother's work number: \_\_\_\_\_

Telephone number for text messages from school: \_\_\_\_\_

Home Address (include postcode): \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Parents' Occupations: Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Pre school attended: \_\_\_\_\_

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.

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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.

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***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 Code of Behaviour (available at ballyheadans.ie or on request from the office, hard copy or email) 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).