

Ballyheada N.S.  
Ballinhassig  
Co. Cork



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

Roll No. 15550T  
Phone 021-4885066

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: \_\_\_\_\_

Preschool 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.

---

---

---

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.

Does your child suffer from any difficulties with: hearing \_\_\_\_ vision \_\_\_\_ speech \_\_\_\_ other \_\_\_\_?

Has this child any special needs or behavioral 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:	_____		
----	-------	--	--

**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: \_\_\_\_\_

- 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).

## Consents and Declarations

1. In the case of illness or accident, do you empower school staff to perform First Aid and, if necessary, the use of (CPR) and / or the use of a Defibrillator (AED)?	Yes / No
2. In the case of serious illness or accident, do you give permission for your child to be taken straight to hospital.	Yes / No
3. Do you give permission for your child's uniform to be changed by a teacher / sna in the presence of another adult in case of illness or toilet accident?	Yes / No
4. Do you permit school staff to undertake diagnostic testing, should it be deemed beneficial?	Yes / No
5. Do you permit the use of your child's photograph, video appearance and sound recordings in school displays and publications? The BOM cannot be held responsible for pictures / video's taken by parents at outings, celebrations, school concerts etc.	Yes / No
6. Do you permit the use of your child's photograph, video appearance and sound recordings on the school website and / or Facebook page?	Yes / No
7. Do you give permission for your child to go on school trips under teacher's supervision? (ie: GAA games, basketball, athletics, school tours, history / educational tours).	Yes / No
8. Do you consent to the sharing of information with another primary School or Second Level School to which your child may transfer?	Yes / No
9. Do you comply with the implementation of our Code of Behaviour including the school rules?	Yes / No
10. I have read and agree with the school admission policy.	Yes / No
11. I understand and accept the term of the Acceptable Use Policy.	Yes / No

If at any time you wish to withdraw any of the above consent you must do so in writing to the Principal.

If no to any of the above, please provide additional information.

---



---

Signed: \_\_\_\_\_  
Mother / Guardian

Signed: \_\_\_\_\_  
Father / Guardian

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