



Ballyhass National School  
Cecilstown  
Mallow  
Co.Cork  
  
Tel 022-247937  
Fax 022-27087  
Email: [ballyhassnationalschool@eircom.net](mailto:ballyhassnationalschool@eircom.net)  
web: [www.ballyhassns.net](http://www.ballyhassns.net)

## SCHOOL UNIFORM

Navy round neck sweat shirt top with **school crest** – available from O’Shea’s Newmarket, Co. Cork.

Navy track suit bottoms (available at any chain store – NO LOGOS OR STRIPES)

Blue polo shirt or blue long sleeve shirt or blouse

Navy pinafore or skirt for girls (optional)

Navy trousers for boys (optional)

No ties.

In very hot weather, navy shorts and blue polo shirt can be worn. NO OTHER COLOURS, PLEASE



## ENROLMENT FORM

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Child's Name \_\_\_\_\_ Nationality \_\_\_\_\_

Date of Birth \_\_\_\_\_ PPS No. \_\_\_\_\_ Religion \_\_\_\_\_

Date to start school \_\_\_\_\_ Age at entry to school \_\_\_\_\_

Address \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Religion \_\_\_\_\_ Mobile No. \_\_\_\_\_ Work No \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Religion \_\_\_\_\_ Mobile No. \_\_\_\_\_ Work No \_\_\_\_\_

Childminders Name and Phone No (where applicable) \_\_\_\_\_

Person/s authorised to collect child from school \_\_\_\_\_

Name of Nursery/Playschool (if any) \_\_\_\_\_ Years of attendance \_\_\_\_\_

Does your child know anyone who will be in Junior Infants next September? \_\_\_\_\_

Total no of children in family \_\_\_\_\_ Place in family of this child (eg first, second etc) \_\_\_\_\_

No of siblings in this school \_\_\_\_\_ Class(es) \_\_\_\_\_

Is your child right handed  left handed  mixed

Childhood illnesses (comment – type, duration, hospitalisation etc)

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

Doctor's Name \_\_\_\_\_ Doctor's Phone No \_\_\_\_\_

Medication Yes  No

Give details and specify if medication is to be taken in school \_\_\_\_\_

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

**Allergies:**

Does your child suffer from any allergies that we need to be aware of? Yes  No

If Yes please give details \_\_\_\_\_

Is treatment needed during school hours Yes  No

If Yes please specify \_\_\_\_\_

**Other adverse circumstances**

Give details and specify any condition not listed above which might be considered to affect the child's ability to benefit from school \_\_\_\_\_

\_\_\_\_\_

Do you give permission to the school to deal with minor cuts and bruises Yes  No

**Refer to other agencies**

Has the child been referred to any outside agency (speech therapist, social worker, psychologist etc)

Yes  No  Comment: \_\_\_\_\_

\_\_\_\_\_

Please attach Birth Certificate/Baptismal Certificate Birth Cert  or Baptismal Cert

(this will be photocopied and returned to you)

**I apply for the above child to be enrolled at Ballyhass National School. I agree to be bound by the school's rules and regulations.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**In the event of a medical emergency where Parent/Guardian is not contactable, I, the Parent/Guardian authorise the Principal and staff of Ballyhass National School to make any arrangements necessary.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_



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## PARENTAL CONSENT FORM

### DIAGNOSTIC TESTING

Children will be tested yearly as part of our Assessment Policy. This will include screening and diagnostic tests to identify learning strengths and weaknesses.

Please sign the consent form below.

Name of Child/Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Parent/Guardian

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

Signed: \_\_\_\_\_

Parent/Guardian

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



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**APPENDIX D**

**PARENTAL CONSENT FORM**

I DO want my child/children to take part in the STAY SAFE programme

I DO NOT want my child/children to take part in the STAY SAFE programme

Name(s) of child/children

_____	_____
_____	_____
_____	_____

Parent/Guardian signature: \_\_\_\_\_  
\_\_\_\_\_

Please write any comments you may have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**TRANSFER FROM ANOTHER SCHOOL**

Previous School(s) attended \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Transfer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of Teacher(s) in previous school(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Record of Attendance Yes  No

Educational Progress Report Yes  No