



Ballyhass National School
Cecilstown
Mallow
Co.Cork

Tel 022-247937

Fax 022-27087

Email: ballyhassnationalschool@eircom.net

web: 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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Pupil Forename _____

Pupil Surname _____

Birth Certificate Forename _____
(if different from name above)

Birth Certificate Surname _____

Gender of Pupil Male Female

Nationality of Pupil _____

PPS No. of Pupil _____

Mother's Maiden Name _____

Date of Birth _____

Pupil's Address _____

Is one of the pupil's Mother tongues (i.e. language spoken at home) Irish or English? Yes No

Date to start school _____

Age at entry to school _____

Mother's Full Name _____

Mother's Occupation _____

Father's Full Name _____

Father's Occupation _____

Mother's Contact Number _____

Father's Contact Number _____

Mother's Religion _____

Father's Religion _____

First Emergency Contact Name & Number _____

Second Emergency Contact Name & Number _____

Childminders Name and Phone No (where applicable) _____

Name and Phone Number of authorised person 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 and Baptismal Certificate (where child has been baptised/applicable)
(this will be photocopied and returned to you)

Primary Online Database (POD)

The Department of Education and Skills has consulted with the Data Protection Commissioner in relation to the collection of individual pupil information for the Primary Online Database. Both religion and ethnic and cultural background are considered sensitive personal data categories under Data Protection legislation. Therefore, it is necessary for each pupil's parent/guardian to identify their child's religion and ethnic background, and to consent for this information to be transferred to the Department of Education and Skills. All other information held on POD (Primary Online Database) was deemed by the Data Protection Commissioner as non-sensitive data.

To which ethnic or cultural background group does your child belong (please tick one)?

White Irish	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>	Roma	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Any other Black Background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Any other Asian Background	<input type="checkbox"/>	Other (inc. mixed background)	<input type="checkbox"/>

Do you consent to the above information relating to your child's ethnic or cultural background to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools your child may transfer to during the course of their time in primary school?

Yes No

What is your child's religion?

Roman Catholic	<input type="checkbox"/>	Church of Ireland (incl. Protestant)	<input type="checkbox"/>	Presbyterian	<input type="checkbox"/>
Methodist, Wesleyan	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim (Islamic)	<input type="checkbox"/>
Orthodox (Greek, Coptic, Russian)	<input type="checkbox"/>	Apostolic or Penetecostal	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Jehovah's Witness	<input type="checkbox"/>	Lutheran	<input type="checkbox"/>
Atheist	<input type="checkbox"/>	Baptist	<input type="checkbox"/>	Agnostic	<input type="checkbox"/>
Other Religions	<input type="checkbox"/>	No Religion	<input type="checkbox"/>		

Do you consent to the above information relating to your child's religion to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools your child may transfer to during the course of their time in primary school?

Yes No

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

Please tick the box below to give consent

(if you do not tick the box it will be assumed you do not give consent)

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.

I/we give consent to have my child/children tested diagnostically under the Assessment Policy

I/we give consent to have my child/children to be included in small groups for the purposes of social skills, oral language and/or literacy and numeracy groups

I/we give consent to have my child/children take part in the STAY SAFE Programme/Walk Tall

I/we give consent to Ballyhass school to provide information/reports, both written and verbal to your child's/childrens' primary school in the event of your child/children moving school and to secondary school on graduating from Ballyhass primary school.

Name of Child/Children: _____

Signed: _____

Date: _____

Signed: _____

Date: _____

Parent/Guardian



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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

Permission Form

Please review the attached school Internet Acceptable Use Policy, sign and return this permission form to the class teacher. This form will be kept on file until your child is finished in Ballyhass National School

Name of Pupil: _____ **Class:** _____

Parent/Guardian

As the parent or legal guardian of the above pupil, I have read the Acceptable Use Policy and grant permission for my son or daughter or the child in my care to access the Internet. I understand that Internet access is intended for educational purposes. I also understand that every reasonable precaution has been taken by the school to provide for online safety but the school cannot be held responsible if pupils access unsuitable websites.

I accept the above paragraph

I do not accept the above paragraph
(Please tick as appropriate)

In relation to the school website, I accept that, if the school considers it appropriate, my child's schoolwork may be chosen for inclusion on the website. I understand and accept the terms of the Acceptable Use Policy relating to publishing children's work on the school website. Photographs/video clips of my child may also be chosen for inclusion on the website. These photographs/video clips will focus on groups/group activities and will not contain any personal information.

I accept the above paragraph

I do not accept the above paragraph
(Please tick as appropriate)

Signature: _____ Date: _____

Address: _____

Telephone: _____