**BALLYROAN BOYS’ NATIONAL SCHOOL**

**Application Form**

Completed forms to be returned to the school office together with a copy of the Baptismal Certificate if applicable.

PERSONAL INFORMATION

|  |  |
| --- | --- |
| Child’s First Name | Surname |
| Date of Birth | P.P.S.No |
| Nationality: | Home Phone No.: |
| Home Address: |  |
| Religion: | Parish you reside in: |
|  |  |
| Mother’s Name: | Occupation: |
| Mobile No: | Work No: |
| Fathers Name: | Occupation: |
| Mobile No: | Work No: |
| Nominate 1 Mobile Number for Texts: |  |
| Nominate 1 E-mail address: |  |
| Emergency Contact 1 | Tel number; |
| Emergency Contact 2 | Tel number; |

|  |  |
| --- | --- |
| Medical Information: (Allergies, etc.) |  |
| Family information: (e.g. Bereavement, Separation or any other relevant information) |
| Previous School: | Class: |
| Siblings: |  |
| Does your child have any special educational needs? Yes□ No□  | Details; |
| Learning Support/ Resource/ EAL?If “yes” please send the relevant reports to The Principal | SNA? Yes□ No□  |

Signature of Parent/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **For office use only:**Cláruimhir: | Gaeilge: | Rang: | Múinteoir: |

**Parental Permission Form**

Each year, we ask your permission for your child to participate in certain activities. In order to cut down on unnecessary paperwork and simplify record-keeping, we have decided to include as many permissions as possible on one sheet. Please read carefully each of the items below and tick the relevant box. Not all items may be relevant to your child this year, but they probably will be at some stage in the future. If you have any concerns regarding any of the items below please feel free to contact the class teacher or principal.

|  |  |  |
| --- | --- | --- |
| **I hereby give permission for my child in relation to the following:** | **Yes** | **No** |
| Go on school tours, local educational visits/field trips and participate in school activities (e.g. matches, quizzes, choir etc.) |  |  |
| On occasions such as Communion, Confirmation and other school events, local press photographers take group photos of children and in some instances identify the children by name. Do you agree to the school using your child’s image in this way? (Please remember that removing a child from a photo of the rest of the class can be quite upsetting for the child). |  |  |
| Can we use your child’s name (not photo) in relation to publicising school events and activities in our newsletter, website and similar publications? |  |  |
| Images of your child and his/her work may appear on our website. Images may be of individuals or groups. Only your child’s first name will be used if at all. Do you agree to the school using your child’s image and first name in this way?  |  |  |
| The school teaches ‘Stay Safe’ lessons on personal safety & protection and RSE (relationships & sexual education) lessons on developing and changing. Both are recommended and vetted by the Department of Education and Skills. Lessons are developed using suitable content and appropriate language for each class. Can your child participate in these lessons?  |  |  |
| Do you give permission for your child to be taken immediately to a doctor or hospital in case of serious illness/accident? (In a non-emergency it is the school’s policy is to inform parents/guardians if their child has had an accident in school which may require them to collect their child and take him/her home or to hospital or doctor). In an emergency it may be necessary to take the child to hospital/doctor and inform parents/guardians afterwards. |  |  |
| Do you give permission for your child to make his/her First Holy Communion (2nd class) |  |  |
| Do you give permission for your child to make his/her Confirmation (6th class) |  |  |
| On occasion we administer ‘Diagnostic’ tests (e.g. Neale Analysis, MIST, Belfield Infant Screening, NRIT) to discover the educational progress of pupils. Should any concerns arise following these tests we will contact you. Do you agree to this? |  |  |

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_