



## Ballinadee NS Enrolment Form

### Child's Details

Name of child: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Eircode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PPSN: \_\_\_\_\_ Gender: \_\_\_\_\_

Nationality of Child: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Location Baptised (If applicable): \_\_\_\_\_

Mother's Nationality: \_\_\_\_\_

Father's Nationality: \_\_\_\_\_

Proposed Year of Entry: \_\_\_\_\_

Previous playschool or school attended:  
\_\_\_\_\_

Is one of the pupil's mothers' tongues (i.e., language spoken at home) Irish or English? \_\_\_\_\_



**Contact Information**

**Mother's Name:** \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_

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

**Work Number:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_

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

**Work Number:** \_\_\_\_\_

Please nominate one mobile number and one email address to receive information from the school

**Mobile Number:** \_\_\_\_\_

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

**Family Information**

Does any legal order under Family Law exist that the school should know of?

\_\_\_\_\_

Is it necessary for school reports, notice of meetings etc. to be sent to more than one address?

Please give name, address, and email of that person:

\_\_\_\_\_

\_\_\_\_\_



Child's Doctors name and contact number:

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Medical & Allergy information:

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Do you give permission for school personnel to bring your child to the doctor/hospital if an emergency arises?

YES      NO

Emergency Contacts: (If parents/guardians are unavailable)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Child Development**

	Yes	No
Did your child attend the Early Intervention Services? If so, please attach relevant reports.		
Has your child ever had a psychological assessment? If so, please attach relevant reports.		
Has your child ever received a Speech and Language or Occupational Therapy Report? If so, please attach relevant reports.		
Does your child have any difficulties with hearing?		
Does your child have any difficulties with vision?		
Does your child have any difficulties with speech?		
Does your child have any issues socially or behaviourally that the school should know about? Please give details.		





**For future enrolment data please indicate any proposed future enrolment of siblings**

Name of child: \_\_\_\_\_

Proposed Year of Entry: \_\_\_\_\_

Name of child: \_\_\_\_\_

Proposed Year of Entry: \_\_\_\_\_

Name of child: \_\_\_\_\_

Proposed Year of Entry: \_\_\_\_\_