



## Enrolment & Application Form for the Admission Year \_\_\_\_\_

### SECTION 1: THE CHILD

Child's Surname: \_\_\_\_\_ First Name/s: \_\_\_\_\_

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

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

PPS No.: \_\_\_\_\_ Home Tel. No.: \_\_\_\_\_

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

Was child baptised? \_\_\_\_\_ Date baptised: \_\_\_\_\_

Church where baptised: \_\_\_\_\_

Brother/Sister attending this school: Yes  No  If yes please give sibling(s) name & class

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

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

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

Child currently attending

Preschool  No School  Primary School in Ireland  Primary School outside Ireland

Current School Name: \_\_\_\_\_

Does your child require school transport? \_\_\_\_\_

### SECTION 2: PARENTS/GUARDIANS

Mother's/Guardian's Surname: \_\_\_\_\_ First Name/s: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

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

Home Tel. No.: \_\_\_\_\_

Are letters/reports to be sent to this address? Yes  No

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

Occupation: \_\_\_\_\_ Work Tel. No.: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Father's/Guardian's Surname: \_\_\_\_\_

First Name/s: \_\_\_\_\_

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

Mobile No.: \_\_\_\_\_

Are letters/reports to be sent to this address? Yes  No

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

Occupation: \_\_\_\_\_ Work Tel. No.: \_\_\_\_\_

Place of Work: \_\_\_\_\_

### Other Family Details

Status of Parents/Guardians:

Married  Single  Separated  Widowed  Partnership

Does any legal order under the family law exist that the school should know about? Please attach details.

Please provide relevant documentation E.G. Guardianship, Barring Order, Access, etc

### SECTION 3: HEALTH

Name of family doctor: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Details of any illness which may affect school life: \_\_\_\_\_

Any emotional or other condition you would like to bring to our notice: \_\_\_\_\_

Is your child allergic to any medicine/substance/foodstuff? \_\_\_\_\_ If 'Yes' please give details



In the event of an emergency, do we have your permission to take your child to the nearest available doctor or A&E? Yes  No  Please give this emergency contact details:  
 Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_

**SECTION 4: ASSESSMENT**

Has your child been assessed for any reason? Yes  No   
 If appropriate all psychological reports/assessments must be submitted to the school immediately.

**Declaration**

I have read the School's Code of Behaviour and Anti Bullying Policy   
 I have read the School's Ethos Statement   
 I have read and I undertake to support, co-operate and carry out the School's Policies/Procedures, Behaviour and Anti Bullying Policy in the interest and welfare of the whole School Community, and I do abide by the Code of Behaviour and Anti Bullying Policy as they are now and may be amended in the future. I understand that in the normal course of school administration, information on my child's behaviour, progress and achievement will be recorded and kept within the school and will be available to the child's teacher on a need to know basis. I also understand that in the event of my child transferring to another primary school or secondary school, information regarding my child's educational progress will also be transferred. I am aware that if my contact details change or should my child's medical conditions change it is my responsibility to inform the school.

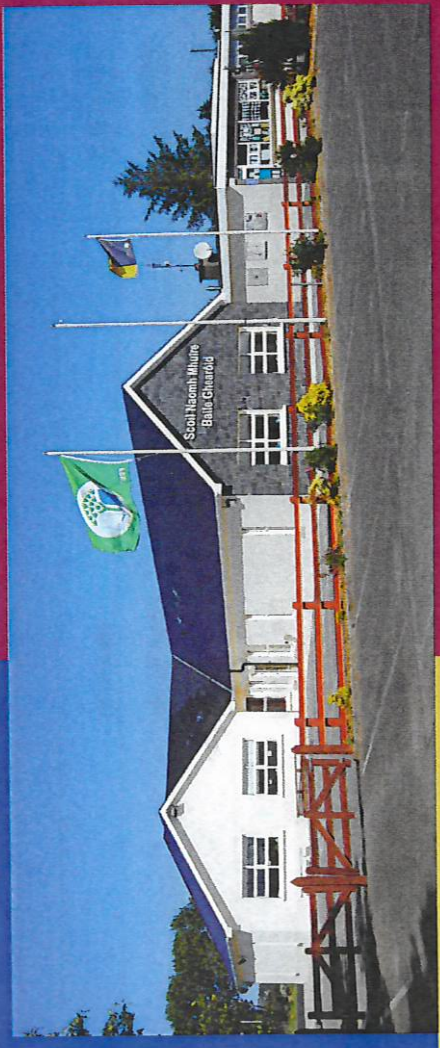
**Parent's/Guardian's Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_  
**Parent's/Guardian's Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_

Please return this form to the Principal with your child's **Small Birth Certificate** (and also his/her **Baptismal Certificate** if your child was baptised outside this parish). These forms will be returned to you.

**For School Use Only**  
 First day at school: \_\_\_\_\_ Class: \_\_\_\_\_



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**ENROLMENT & APPLICATION FORM**

