** Student Enrolment Form Year: 2025-2026**

**Ballyhaunis Community School**

**Student Personal Details PLEASE USE CAPITAL LETTERS**

|  |  |
| --- | --- |
| **First Name(s):** | **Surname:** |
| **Called:** | **Date of Birth:** |
| **Gender: Male  Female ** | **PPS No:** |
| **Print Full Name and Address to which correspondence should be sent:**  **Eircode:**\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Parent/Guardian Details**

|  |  |
| --- | --- |
| **Parent/Guardian Details (Mother)** | **Parent/Guardian Details (Father)** |
| **First Name:** | **First Name:** |
| **Surname:** | **Surname:** |
| **Maiden Name:** |  |
| **Occupation:** | **Occupation:** |
| **Address:** | **Address:** |
| **Phone No. (Mobile):** | **Phone No. (Mobile):** |
| **Phone No. (Work):** | **Phone No. (Work):** |
| **Phone No. for school SMS (Text) Messages:** | |
| **Email address for school information:** | |
| **Contact in case of emergency when Parent/Guardian is unavailable:**  **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Relationship (Aunt/Uncle/Grandparent/Neighbour):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Family Details**

|  |
| --- |
| **Does the student have any brothers/sisters in the school?**  **If yes, please state the name(s) and year they are currently in the school:**  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_\_\_  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_\_\_ |

**Previous School(s) Details**

|  |
| --- |
| **Has the student completed 6th class?**  **Name of Primary School (s) attended:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **If transferring from a Post-Primary School, name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Medical Information**

|  |
| --- |
| **Has the Student a medical card?**  **Name, Address and Phone Number of Family Doctor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Any medical conditions or allergies that the school should be aware of:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Is the student taking any medication that would need to be kept**  **in school? If yes, please give details:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Does the student wear glasses?**  **Does the student have any hearing difficulties?**  **Does the student suffer from any disability?**  **If yes please specify:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Does the student require special facilities?**  **If yes please specify:** |

**Educational Details**

|  |
| --- |
| **Does the student have a diagnosed Learning Difficulty?**  **If yes please give details**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please give the name of the psychologist who assessed the student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Do you give permission for the Psychologist report to be released to the school?**  **Has the student had the services of an SNA in primary school?** |

|  |
| --- |
| **Has the student been in receipt of additional learning support?**  **If yes, please give details of the additional support**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Has the student an official exemption from Irish?**  **If yes, please submit copy of Exemption Certificate**  **Does the student require EAL** (English as an Additional Language) **Support?**    **If yes, please explain why/support received previously** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Copies of all Assessment Reports should be submitted for the attention of the SEN Department***  **Other Relevant Information** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Ethnicity and Cultural Background:**

|  |  |
| --- | --- |
| **Country of Birth:** | **If born outside Ireland year moved to Ireland:** |
| **Nationality:** | **Religion:** |

Mother Tongue: please tick: English **** Irish **** Other: please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick one of the following:**

White Irish ****

Traveller ****

Roma ****

Any other white background ****

Black or Black Irish African ****

Black or Black Irish - any other white black background ****

Asian or Asian Irish - Chinese ****

Asian or Asian Irish - any other Asian background ****

Other (inc. mixed background) ****

No Consent ****

|  |
| --- |
| **Standardised Testing & Reports on Educational Progress**  *Standardised testing may be carried out for the purposes of Literacy/Numeracy progress, Reasonable Accommodations in the State Examinations, assisting in referrals to NEPS and for Career Guidance information etc.* ***Consent for Standardised Testing:***  *“I/we give permission to the school to conduct standardised testing for the purposes of Literacy/Numeracy progress, Reasonable Accommodations in the State Examinations, assisting in referrals to NEPS and Career Guidance information”* ***Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Parent/Guardian*** |

|  |
| --- |
| **Photographs of Students**  The school maintains a database of photographs of school events held over years. It has become customary to take photos of students engaged in activities and events in the interest of creating a pictorial as well as historical record of life at school. Photographs may be published on our school website or in brochures, newsletters, local and national newspapers and similar school-related productions.  **Consent (tick one only)**  If you are happy to have your child’s photograph taken as part of school activities and included in all such records please tick here ****  If you would prefer not to have your child’s photograph taken and included in such records,  please tick here **** |

|  |
| --- |
| Parent (Agreement and Consent) In registering my child in Ballyhaunis Community School I understand that this implies a full acceptance of the Code of Behaviour as laid down by the Board of Management.  Code of Behaviour and all other school policies are subject to updates/amendments from time to time by the Board of Management.  All relevant policies are available on the school website [www.ballyhauniscs.ie](http://www.ballyhauniscs.ie) or from the school office by request.  **Print name of Person who enrolled student: (Block Capitals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\* It is the responsibility of parents/guardians to keep the school informed of any changes to contact details. If parents are living apart, we need a WRITTEN request to have copies of school reports sent to a second address.**  *The information provided on this form is confidential and will be retained, used and disclosed by Ballyhaunis Community School in line with the school’s Data Protection Policy.* |