



Burnfort National School

Burnfort, Mallow, Co. Cork.

Tel: 022 29438

E-mail: office@burnfortns.com

Application for Enrolment

Child's Name: _____ Child's Surname: _____

Child's Name on Birth Cert: _____ Child's Surname on Birth Cert: _____
(If different from above)

Date of Birth: _____ Child's P.P.S. Number: _____

Mother's Maiden Name: _____ Child's Nationality: _____

Languages spoken at home: _____ Gender: Male [] Female []

Religion: _____ *(Please enclose copy of Baptismal Certificate)*

Address: _____

Eircode: _____

To which ethnic or cultural background group does your child belong?

(Please tick one, as requested by Department of Education and Skills for Pupil Online Database)

White Irish []

Irish Traveller []

Roma []

Any other White Background []

Black or Black Irish - African []

Black or Black Irish - Any other Black Background []

Asian or Asian Irish - Chinese []

Asian or Asian Irish - Any other Asian Background []

Other (inc. Mixed background) []

No consent []

Number of Children in Family: _____ Placing of child in Family: _____

Sisters/brothers in Burnfort National School:

Name: _____ Class: _____

Name: _____ Class: _____

Details of Parents/Guardians

	Mother	Father
Name		
Address		
Home Phone Number		
Mobile Phone Number		
Emergency Contact Number		
E-mail Address		

(Please ensure this email is checked regularly as this email address will be used for all school Correspondence and Updates).

Name and Mobile Number for TextaParent: _____

Emergency Contacts:

In the event we are unable to contact you, please provide details of two people who may be contacted in an emergency.

Name: _____ Relationship to Child _____ Tel: _____

Name: _____ Relationship to Child _____ Tel: _____

Name of Doctor: _____ Tel: _____

Name of Dentist: _____ Tel: _____

In the event that we are unable to contact you or your emergency contact nominees, do we have your permission to seek professional advice (Doctor, Dentist or Hospital)? Yes () No ()

Travel:

Names and contact telephone numbers of Person/s who have permission to convey your child to and from school:

1. _____

2. _____

(Application to travel by bus must be made directly by you to www.buseireann.ie)

Education:

Details of previous School/ Playschool:

Has your child been assessed by a Speech and Language Therapist? If yes please enclose a copy of the assessment report.	Yes [] No []
Has your child attended speech and language therapy sessions?	Yes [] No []
Has your child been assessed by an Occupational Therapist?	Yes [] No []
Has your child attended occupational therapy sessions? If yes please enclose a copy of the assessment report.	Yes [] No []
Has your child been seen by the Early Intervention or Psychology Services often run by H.S.E? If yes please enclose a copy of the assessment report.	Yes [] No []
Has your child attended sessions in relation to Early Intervention or Psychology Services?	Yes [] No []

Health

Does your child have any chronic Medical Condition? Yes [] No []

(e.g. Asthma, severe allergy, Epilepsy, Diabetes)

If yes, give details _____

Medication _____

If your child requires prescribed medication in school please complete an **Administration of Medication Form** (available from the school office).

Give details of any other condition, illness, or needs which you feel could affect your child in school and should be brought to the attention of the teacher: _____

Please Note: If your child develops any chronic illness during his/her time at Burnfort N.S. eg. Asthma, allergies etc. please inform the school as soon as possible.

Parental Consent

During the school year children may go on educational trips / sports events under teacher supervision. Do you give permission for your child to go on these trips?	Yes [] No []
Children may be assessed from time to time as necessary, particularly in relation to learning support. Do you give permission for your child to partake in these tests?	Yes [] No []
During the school year photographs of your child/children may be taken during school events. These photographs may be published in the local newspapers or on the school website, please indicate if you give permission for your child's photograph to be published.	Yes [] No []
The HSE, for immunisation purposes and the provision of appointments for dental examination/treatment, may require a child's date of birth and contact details to arrange appointments. Please indicate if you give permission for your child's details to be given to the HSE.	Yes [] No []
Secondary schools, when children are transferring to second level, request details regarding contact information and date of birth. Please indicate if you give permission for your child's details to be given to these organisations.	Yes [] No []
The school teaches Relationships and Sexuality Education (RSE) using the guidelines provided by the Department of Education and Skills. Do you give permission for your child to participate in this programme?	Yes [] No []
The Stay Safe Programme is part of our School curriculum. Do you give permission for your child to participate in this programme?	Yes [] No []

(If you **do not** wish your child/children to take part in RSE or Stay Safe Programmes, please enclose a letter confirming they will be opting out of these programmes dated and signed by both parents.)

Signature of Parent/Guardian 1: _____ Date: _____

Signature of Parent/Guardian 2: _____ Date: _____

(All personal data will be processed and secured appropriately in line with Department of Education and Skills and GDPR Guidelines)

For Office use only

	Received	Date
Application Form		
Birth Certificate		
Baptismal Certificate		