



St. Joseph's National School,

Hilltown, Ballymitty,

Co. Wexford.

Y35 YW81

Roll No: 175540

Tel: 051 561324

Email: ballymittyschool@eircom.net

Principal: Ms. Audrey McCarthy

ENROLMENT APPLICATION FORM

Any information you give on this form will be treated with the strictest confidence and only used for the benefit of your child. Our application cannot be accepted unless you enclose your child's Birth Certificate and PPS number.

USE BLOCK CAPITALS PLEASE

1. Name of Child: _____

2. Surname: _____

3. Male/Female: _____

4. Name and class of siblings already in school: _____

5. Number of children in the family: _____

6. Placing of child in the family (1st, 2nd etc): _____

7. (a) Parents: The following information is needed for registration purposes

Name: _____ Name: _____

Occupation: _____ Occupation: _____

Nationality: _____ Nationality: _____

Language/s spoken at home: _____

**PLEASE
ATTACH A
PASSPORT
PHOTO**

Mother's Maiden Name: _____

Pupil's Mother tongue: English Irish Other _____ (please state)

Ethnic or cultural background: _____
(i.e. Irish, Jewish & if other please state)

8. (b) With whom does the child normally reside: Name/s: _____

9. Home address: _____

10. Home Phone No: _____ Mobile Dad: _____

Mobile Mam: _____

11. 1st contact person if parent not available: Name: _____

Phone No: _____

2nd contact person if parent not available: Name: _____

Phone No: _____

12. Date of Birth: _____ Please attach original Birth Certificate
(Will be returned)

13. Religion: _____ Place of Baptism(if applicable): _____
(Please attach copy of Baptismal Certificate if child was baptised outside the parish. Will be returned)

14. Child's P.P.S. No: _____

15. Name and address of pre-school or previous school attended: _____

I give permission to the Principal to discuss the needs of my son/daughter with the Manager of the pre/school/school listed above. Yes No Please tick as appropriate

16. Name and phone no. of family Doctor: _____

17. Has your child ever been referred to a specialist by your Doctor? Yes No

If yes please give brief details for referral: _____

18. Has your child any allergies? Yes No

If yes please give details: _____

19. Does your child appear to have any difficulty with the following: If yes please tick.

Hearing	<input type="checkbox"/>	Speech	<input type="checkbox"/>	Vision	<input type="checkbox"/>
---------	--------------------------	--------	--------------------------	--------	--------------------------

If you have answered yes to any/all of the above please give details: _____

20. Has your child ever had any type of assessment? (e.g. Speech & Language, Occupational Therapy etc). Yes No

If yes please give details: _____

21. Are you a medical card holder? Yes No

Do you receive Social Welfare other than children's allowance? _____

You are asked these questions to help us ascertain your child's needs.

22. Do you give permission for your child to go on school trips under teacher supervision during the school day e.g. trips to the beach, local historical buildings etc. Yes No

23. Some journalists visit our school to take pictures of the children e.g. Awards, Parish Journals etc. Do you give permission for your child to be photographed for school projects, and other school related activities? Yes No

24. Please visit our website www.ballymittyns.ie. Do you give permission for your child's photo to be used on the school website? Yes No

25. Sometimes the school is requested to pass on names of children and their addresses to outside agencies i.e. the H.S.E. for Immunisation purposes, transferring to Second Level, to Sporting Bodies when children are taking part in games outside school etc. Do you give permission for this? Yes No

26. In the event of a critical incident in our school (i.e. death of a child/parent/teacher etc) do you give permission for outside agencies to support your child i.e. counselling services? Yes No

Signed: _____ Date: _____
Parent/Guardian

If any of the details on this form change – for example, if you move house, change your phone number etc. Would you please inform the school in writing at the earliest opportunity.

Please don't forget to attach a copy of all assessments relating to your child's development and/or needs

CONFIDENTIAL