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**Virgin Mary Boys' National School**

Shangan Road,

Ballymun,

Dublin,

D09 H2F2.

Phone: 01-8421314

Email: [info@virginmarybns.ie](mailto:info@virginmarybns.ie)

Website: [www.virginmarybns.ie](http://www.virginmarybns.ie)

Roll No. 19302U

**Early Start Project**

***Any information you give on this form will be treated with the strictest confidence and only used for the benefit of your child.***

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| **Childs name : \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name if different on Birth Cert .:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **P.P.S**.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ | | |
| **Date of Birth :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Nationality:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mothers Name :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***Required by the Department of Education***  **Father’s Name :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Please tick your preference. May be subject to availability**  **Morning 8.50am – 11.20am Afternoon 12pm – 2.30 pm**  **Names and Class of sister(s)/brother(s)**  **[Virgin Mary BNS/GNS] already in the school** | **Number of children in the family**: \_\_\_\_\_\_\_\_  **Place of child in family:** \_\_\_\_\_\_\_\_\_\_  **Language(s) spoken at home : \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | |
| **Does your child appear to have any difficulties with the following:**  **Hearing: Speech: Eyesight:**  **Yes**  **Yes**  **Yes**  **No**  **No**  **No** |  | | |
| If you have answered ‘yes’ to any/all of the above please give  details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Yes**  **No** |  | | |
| **Does your child have a religion?**  **Please note, religion is not a criteria for enrolment.**  **Roman Catholic**\_\_\_\_\_\_\_\_\_\_ **Other (please state)\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **No Consent**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **P.T.O →**      **No**  **Yes**  **Does your child suffer from any medical condition?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Note: Asthma, Anaphylactic shock, Asperger’s Syndrome, ADD, ADHD, Autism, Cerebral Palsy, Diabetes, Dyspraxia,**  **Epilepsy or any other diagnosed condition.**  **If ‘yes’ please give details:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |
| **No**  **Yes**  **Has your child ever been assessed**  **If yes please give details and supply a copy of the assessment to the school**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **No**  **Yes** | |  |
| * **Does any legal order under the family law exist that the school should know about?** * **If ‘Yes’ is there any person into whose custody your child should not be given? Please attach details.**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   * **I give permission for my child to take part in all class outings, activities and events unless I directly contact the teacher**   **to state otherwise.**  **No**  **Yes** | | |
|  | | |
| * **I give permission for the Virgin Mary B.N.S to take and use photographs and / or digital images for use in printed**   **No**  **publications, electronic publications and classroom displays.**  **Yes**   * **I give permission for my child to be assessed by the S.E.N. team when deemed appropriate, to be involved in**   **in-class programmes set up by the S.E.N team and to receive learning support either individually or in a group**  **when deemed necessary.**  **No**  **Yes** | | |
| **No**  **Yes** | | |
| * **I agree that the pupil enrolled will be subject to our schools codes and policies.**   **Yes**   * **I agree that he will comply fully with all School Rules in Virgin Mary Boys’ National School.** * **I consent for this information is to be stored in the school and transferred to the Department**   **of Education and Skills.**  **No**  **Yes**  **No**  **Yes**   * **The information I have given in this form is correct.**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Parent/Guardian signature : Date : Date Received :***    ***IF ANY OF THE DETAILS IN THIS FORM CHANGE - FOR EXAMPLE, IF YOU MOVE HOUSE,***  ***CHANGE YOUR PHONE NUMBER ETC. WOULD YOU PLEASE***  ***INFORM THE SCHOOL AT THE EARLIEST OPPORTUNITY*** | | |