





**Virgin Mary Boys' National School**

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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*** |