

DD01015_



**Virgin Mary Boys' National School**

Phone: 01-8421314

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

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

Roll No. 19302U

Shangan Road,

Ballymun,

Dublin,

D09 H2F2.

**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.***

Childs name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

Yes

Date Of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Cert:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Birth Cert if different:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P.P.S.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required by the Department of Education – Primary Online Database (POD)**

Mothers name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fathers name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous School / Playschool:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

Yes

Consent to contact and access relevant reports / assessments etc.

Number of children in the family:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of child in family:\_\_\_\_\_\_\_\_\_\_\_\_

Names and class of sisters(s) / brother(s) [Virgin Mary BNS/GNS] already in the school:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language(s) spoken at home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For the P.O.D system: Department of Education and skills.**

To which ethnic or cultural background group does your child belong (Please tick one)

(Categories are taken from the Census of Population)

White Irish\_\_\_\_\_\_\_ Irish traveller\_\_\_\_\_\_ Roma\_\_\_\_\_\_

Any other White Background\_\_\_\_\_\_ Black African\_\_\_\_\_\_ Any other Black Background\_\_\_\_\_\_\_

Chinese\_\_\_\_\_\_ Any other Asian Background Other (Inc. mixed Background) \_\_\_\_\_\_

No

Yes

**No Consent**\_\_\_\_\_\_\_\_\_\_\_\_

No

Yes

**Does your child have a religion?**

**Please note, religion is not a criteria for enrolment.**

Yes

No

Roman Catholic\_\_\_\_\_\_\_\_ Baptismal Cert

Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**No Consent**\_\_\_\_\_\_\_\_\_\_\_\_

Does your child appear to have any difficulties with the following;

Yes

No

No

Yes

Yes

No

Hearing: Speech: Eyesight:

If you have answered **‘yes’** to any/all of the above please give details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes

No

Has your child ever been assessed?:

If **‘Yes’** please give details and supply copy of assessment to the school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if yes details please)

No

Yes

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 to 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 publications, electronic publications and classroom displays.

Yes

No

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.

I agree that he will comply fully with all School Rules in Virgin Mary Boys’ National School.

I consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary school my child may transfer to during the course of their time in primary school.

No

Yes

No

Yes

The information I have given in this form is correct.

**Signed**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/ Guardian**