



VIRGIN MARY BOYS' NATIONAL SCHOOL

Shangan Road,
Ballymun,
Dublin,
D09 H2F2.

Phone: 01-8421314

Email: info@virginmarybns.ie

Website: www.virginmarybns.ie

Roll No. 19302U

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: _____

Name on Birth Cert if different: _____

Birth Cert

Yes

No

Address: _____

Date Of Birth: _____

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 address: _____

Email address: _____

Emergency contact: Name: _____ Number: _____

Previous School / Playschool: _____

Yes

No

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) already in the Virgin Mary BNS/G school: _____

Language(s) spoken at home: 1st language _____ Additional: _____

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 _____
Background _____

Black African _____

Any other Black

Chinese _____ Any other Asian Background

Other (Inc. mixed

Background) _____

No Consent _____

Does your child have a religion?

Yes No

Please note, religion is not a criteria for enrolment.

Roman Catholic _____ Baptismal Cert Yes No

Other (please state) _____ No Consent _____

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

Hearing: Yes No Speech: Yes No Eyesight: Yes No

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: _____

Has your child ever been assessed?: Yes No

If 'Yes' please give details and supply copy of assessment to the school _____

Does your child have any allergies?: Yes No _____ (if yes details please)

Does any legal order under the family law exist that the school should know about? Yes No

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 Yes No

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. Yes No

I agree that the pupil enrolled will be subject to our schools codes and policies. Yes No

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. Yes No

The information I have given in this form is correct. Yes No

Signed: _____
Parent/ Guardian

Date: _____