**Scoil na mBearnan**

Paílís na Gréine

Co Luimní

Roll no 16439J

Tel. No. 061-384481

Email: [barnaschoolpallasgreen@gmail.com](mailto:barnaschoolpallasgreen@gmail.com)

Web: www.barnans.com

**Barna N.S.**

**Enrolment form for school year September 2024 to June 2025**

**Please ensure ALL SECTIONS 1-6 are completed using BLOCK CAPITALS**

|  |  |
| --- | --- |
| **Section 1- Pupil Details** | |
| **First Name:** |  |
| **Surname:** |  |
| **Address:** |  |
| **Eircode:** |  |
| **PPSN:** |  |
| **Date of Birth:** |  |
| **Religion:** |  |
| **Pre-School**  **attended:** |  |
| **Did your child receive any additional support in pre-school? e.g. AIM support** |  |

|  |  |  |
| --- | --- | --- |
| **Section 2 – Parent/Guardian Details** | | |
|  | **Parent/Guardian 1** | **Parent/Guardian 2** |
| **Prefix: (e.g. Mr, Mrs, Ms etc)** |  |  |
| **First Name:** |  |  |
| **Surname:** |  |  |
| **Address:** |  |  |
| **Eircode:** |  |  |
| **Telephone no.** |  |  |
| **Email Address:** |  |  |
| **Relationship to child:** |  |  |

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| **Section 3 – Student Code of Behaviour** |
| Our school Code of behaviour is in place to help give clear guidelines about the everyday running of the school and the expected behaviour from our pupils. Our School Code of Behaviour is available on our school website [www.barnans.com](http://www.barnans.com) or from the school office. |
| I confirm that the school Code of Behaviour is acceptable to me and I will make every effort to support my child and the school in its compliance.  **Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Section 4 – Additional Information** |
| **The following information will help the school to support your child and will be treated as confidential.** |

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| --- | --- |
| **Does your child have any medical conditions or allergies which should be notified to the school ( e.g. nut or food allergy etc)** |  |
| **Does your child have any specific medical condition (e.g. asthma, eyesight, hearing etc.)** |  |
| **Does your child have emotional or sensory issues which may affect your child’s learning at school e.g. anxiety, emotional/behavioural issues etc** |  |
| **Has your child attended or is currently attending Speech and Language Therapy?** |  |
| **Has your child attended or is currently attending an occupational therapist?** |  |
| **Does your child have a psychological report?** |  |
| **Family Doctor (Name and address)** |  |
| **Is there any other relevant information about your child which we should know?** |  |

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| --- | --- | --- |
| **Section 5 – Emergency Contact** | | |
| In the event of an emergency, please provide an extra contact(s) should it not be possible to contact parents. | | |
| **Name** | **Contact telephone no.** | **Relationship to child** |
|  |  |  |
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| **Section 6 – Consent & Data Protection: ( Yes or No)** | |
| **During the school year, learning support is offered to individual pupils or small groups in order to help them in their educational development.**  **I give permission to allow my child to participate in one to one or group work i.e. Learning Support. (Yes/No)** | **( Please tick one box)**  **YES**    **NO** |
| **I allow my child’s photograph to be included in school-related activities e.g. school website, competitions etc**  **( Yes/No)** | **YES**  **NO** |

I wish to enrol my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I declare all information to be correct and understand that it will be treated as confidential.

**Signed:**

**Date:**