



Scoil na mBearnan

Pailís na Gréine

Co Luimní

Roll no 16439J

Tel. No. 061-384481

Email: 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:		

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 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: _____

Section 4 – Additional Information

The following information will help the school to support your child and will be treated as confidential.

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?	

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

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: _____