



*Scoil na mBearnan*  
*Páilís 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 2026 to June 2027**

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

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

## Section 2 – Parent/Guardian Details

	Parent/Guardian 1	Parent/Guardian 2
<b>Prefix: (e.g. Mr, Mrs, Ms etc)</b>		
<b>First Name:</b>		
<b>Surname:</b>		
<b>Address:</b>		
<b>Eircode:</b>		
<b>Telephone no.</b>		
<b>Email Address:</b>		
<b>Relationship to child:</b>		

## 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 I have read the school Code of Behaviour and agree that 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.**

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

## Section 5 – Data Protection

Please tick	YES	NO
<p><b>School Support:</b> 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.</p>		
<p><b>Activities Outside/After school:</b> During the school year, classes may undertake activities outside the school premises e.g. visiting the church, nature walks. I consent that my child may do so.</p>		
<p><b>Photographs:</b> I allow my child’s photograph to be included in school-related activities e.g. school website, competitions etc</p>		
<p><b>Medical Emergencies:</b> I give permission for my child to receive any medical attention deemed necessary and to be taken to hospital in case of serious illness or accident.</p>		
<p><b>School Website/Publications:</b> I give consent for the use of school related photographic images which include my son/daughter on the school website, school App or in other school publications or displays. I understand that s/he will not be identified individually.</p>		
<p><b>Competitions:</b> I give consent to allow my child to enter school competitions and for their name and date of birth to be shared with the organisers.</p>		
<p><b>Dept of Education:</b> I give parental consent to share Ethnic or Cultural Background and Religion with the Department of Education</p>		
<p><b>Digital Technology:</b> I give consent for my child to use the computers in the school in line with our Acceptable Use Policy.</p>		

## Section 6 – 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

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

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

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

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