

ARDAGH NATIONAL SCHOOL

Ballymanagh, Knockanillaun,

Ballina, Co Mayo F26 DK19

Roll No: 20576S / Ph: 096-71559 / ardaghnationalschool@gmail.com

ENROLMENT FORM 2025 / 2026

*****A copy of your child's birth certificate must accompany form*****

PUPIL INFORMATION

Child's Name/Names: _____

Address: _____

Eircode: _____

Child's Name in Irish (if known) _____

Date of Birth _____

Child's PPS No.: _____ Child's Nationality: _____

Number of Boys in the family: _____ Number of Girls in the family: _____

Position in the family: (e.g., 1st, 2nd, 3rd etc.) _____

Playschool Name/Address (if any) _____

To help with your child's transition to Junior Infants our Infants Teacher may need to contact your child's playschool.

Please tick the box if you consent to this.

Religion: _____

Parish in which he/she now lives: _____

Date/ Place of Baptism: _____

(Please attach copy of Baptism Cert if applicable)

PARENTS/GUARDIANS CONTACT DETAILS

Mother/Guardian: _____ Father/Guardian: _____

Occupation: _____ Occupation: _____

Address (if different from pupil) : Address (if different from pupil) :

Mobile No: _____

Mobile No: _____

Work No: _____

Work No: _____

Home Telephone No: _____

One designated Mobile No. _____ (Texts/ Emergency Closures).

One designated Email address: _____

Does any legal order under Family Law exist that school should be aware of?
(If yes, please provide details):

Pupils transferring from another national school:

Previous school name/address/class

Intended class in Ardagh NS

HEALTH & SAFETY

*****The information in this section is only required for professional reasons and will be treated with strict confidentiality*****

Family Doctor: _____ Telephone No. _____

Does your child have any medical concerns that the school should be aware of?
(i.e. Allergies, intimate care needs, physical needs) If yes, please provide details:

Has your child ever had any type of assessment? (e.g. Speech Therapy, Psychology, Occupational Therapy)? Please tick applicable box: **Yes** **No**

(If yes, please give details):

Accident:

If your child has an accident during school hours which in the opinion of the school authorities would necessitate medical attention, the policy of this school is:

- (a) Your child be seen by any available doctor
- or
- (b) Your child be sent to Accident and Emergency.

Please indicate agreement: Signed: _____ (Parent/Guardian)

Medicines:

In order to safeguard the health and safety of all pupils in Ardagh N. S., it is our policy that the school **must be made aware in writing** of any prescribed or non-prescribed medicines and/or inhalers being self-administered by pupils during school hours. These medicines need to be kept in a secure place, under teacher supervision, while the child is in school.

It is the child's (1st to 6th Class) own responsibility to remind the teacher to return medicines/inhalers in the evening. It is the responsibility of parents of Infant pupils to ensure that medicines/inhalers are returned home in the evening.

Illness / School Emergency:

In the event of illness or a school emergency, if there is no reply to a telephone call to your home and/or mobile, please give the name/telephone number/address of two neighbours, family members or friends who may be contacted:

(1) Name _____ Telephone _____

Relationship to child _____

(2) Name _____ Telephone _____

Relationship to child _____

HSE

The school will need to provide the HSE with pupils' details (name, address, date of birth) for arrangement of vaccinations/dental visits/etc

Please indicate agreement: Signed: _____ (Parent/Guardian)

Specific Educational Needs

Please outline if your child has any specific educational needs?

Note: If there is any other information about your child/family which may be relevant to his/her teacher/school, please include it in the space below:

Younger Children:

If you have any younger children whom you intend to enrol in the school in the future, please list names and dates of birth below to assist us in forward planning:

Name (s):

Date(s) of birth:

Checklist (please tick):

- 1. Enrolment form is fully completed/signed
- 2. Childs Birth Certificate is attached
- 3. Childs Baptism Certificate is attached (optional)

I/We agree that if any of the information provided in this form changes, I/we will inform the school immediately for pupil records to be updated.

In accepting a place for my/our child in Ardagh N. S. we agree to abide by the school's policies and rules as outlined in the Code of Behaviour policy available to view at www.ardaghns.ie/policies/codeofbehaviour

Signatures of Parents/Guardians: _____
Parent/Guardian. Parent/Guardian.

Date: _____