



Ballyduff National School

Ballyduff, Tralee,
Co. Kerry
Postcode V92 E796

Website: www.scoilbhailedhuibh.com
Email: ballyduffnationalschool@gmail.com
Roll no. 20478 S

FORM FOR ENROLMENT AND REGISTRATION

Surname: _____ First Name: _____

Date of Birth: _____ PPS No. _____

Address: _____

Post Code: _____ Religion: _____

Telephone Home: _____ Email Address: _____

Father's Name: _____ Occupation: _____

Father's Mobile: _____ Father's Work No.: _____

Mothers Name: _____ Occupation: _____

Mother's Mobile: _____ Mother's Work No.: _____

Family Doctor's Name: _____ Family Doctor's Number: _____

Name of Previous School/Playschool (if any) _____

Class: _____

In case of Emergency Closing of School, or your child being sick or having an accident during school time, please include name and contact details of another person the school should contact.

Name: _____ Telephone: _____

Mobile: _____

Address: _____

Referral to Other Agencies:

Has the child been referred to any outside agency (speech, physio, occupational therapist, social worker, psychologist, specialist etc.)?

Yes No

Please give details: _____

Does your child have any medical condition, allergies or special needs. Yes No

Please give details _____

Is your child on medication Yes No

Please specify

Any other useful information –

- We have been informed that all pupil information must be recorded on the P.O.D. (Pupil Online Database)
- If your child has a toileting accident you will be contacted to change him/her.
- By enrolling our child in this school we agree to make every effort to ensure compliance with the School Code of Behaviour by our child.

- Where necessary a guardianship information form must be filled in.

Parents/Guardian's Signature: _____

Date: _____

Date: _____

Marie Lucid (Principal) Phone 066 7131496