



# **Ballyduff National School**

Ballyduff, Tralee,  
Co.Kerry  
Postcode V92 E796

Website: [www.scoilbhailidhuibh.com](http://www.scoilbhailidhuibh.com)  
Email: [ballyduffnationalschool@gmail.com](mailto:ballyduffnationalschool@gmail.com)  
Roll no. 20478 S

RCN: 20124014

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## **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 –

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- 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.
- We consent to our child being photographed for school events etc.
- We consent to our child participating in school outings such as Tours, Nature Trails, Fieldwork, Swimming, Sports etc.
- In the event of a medical emergency where we cannot be contacted. We give permission for our child to be transported to and seen by a doctor/A&E etc.
- 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: \_\_\_\_\_



**Ballyduff N.S.**  
**Consent Forms to be signed:**

1. **Photography:**

I/we the Parents/Guardians of \_\_\_\_\_

Hereby **grant permission** for individual and group photographs of my/our child being used for display in the school and publication in local newspapers and school app.

Signed: \_\_\_\_\_ (Parent/Guardian) Date:

Signed: \_\_\_\_\_ (Parent/Guardian) Date:

**OR**

I/we the Parents/Guardians of \_\_\_\_\_

**Do not grant permission** for individual and group photographs of my/our child being used for display in the school and publication in local newspapers and school app.

Signed: \_\_\_\_\_ (Parent/Guardian) Date:

Signed: \_\_\_\_\_ (Parent/Guardian) Date:

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## 2. School Tours/Outings:

During the school year all classes undertake a variety of different activities outside the school premises. These include swimming, school tours, carol singing, concerts, trips to see shows, hurling, football, soccer and basketball blitzes. Hurling and football matches, athletics competitions . Educational tours/history trips and other activities that may arise.

**Please note when children go on any outing we increase the level of supervision.**

I/we the Parents/Guardians of \_\_\_\_\_

Hereby **grant permission** for my/our to take part in all activities that may arise during their time in Ballyduff N.S.

Signed: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

**OR**

I/we the Parents/Guardians of \_\_\_\_\_

**Do not grant permission** for my/our child to take part in all activities that may arise during their time in Ballyduff N.S.

Signed: \_\_\_\_\_(Parent/Guardian) Date: \_\_\_\_\_

Signed: \_\_\_\_\_(Parent/Guardian) Date: \_\_\_\_\_

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### 3. School Walks:

At times during the school year pupils walk to the church for practice for Carol Service, First Confession, First Communion, Confirmation and to attend Mass.

From time to time pupils go on nature walks and visit historical places of interest for example "Rattoo Round Tower" and "Rattoo Heritage Centre", pupils go carol singing in various locations down the street. Pupils may also walk to the Community Centre for concert practice.

On occasions pupils walk to the sportsfield for training and matches. Additional supervision is put in place for all activities.

I/we the Parents/Guardians of \_\_\_\_\_

Hereby **grant permission** for my/our child to participate in school walks.

Signed: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

**OR**

I/we the Parents/Guardians of \_\_\_\_\_

**Do not grant permission** for my/our child to participate in school walks.

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

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#### 4. **Child Protection Programme/RSE Programme:**

The "Stay Safe Programme" and "Relationships and Sexuality Programme" are taught in our school.

I/we the Parents/Guardians of \_\_\_\_\_

Hereby **grant permission** for my/our child to take part in the Stay Safe Programme and RSE programme

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

**OR**

I/we the Parents/Guardians of \_\_\_\_\_

**Do not grant permission** for my/our child to take part in the Stay Safe Programme and RSE programme and **I/we are assuming responsibility for this at home.**

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

- The school has a legal obligation to co-operate with Tusla (Child & Family Agency) in any matters to do with child protection.
- Teachers are now considered "Mandated Person's" and have a legal obligation to pass on information on child protection matters to Tusla.
- If your child is absent for twenty days or more the school is obliged to report this to Tusla

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## **5. Screening/Diagnostic Testing:**

During your child's time in Ballyduff N.S. he or she may need to undergo various

screening/diagnostic tests. Should my/our child need to undergo screening/diagnostic tests during his/her time in Ballyduff N.S.

I/we would like these tests to be carried out.

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

OR

I/we would not like these tests to be carried out.

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

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6. **Additional Teaching Support:**

Your child may need additional teaching support during his/her time in primary school. This support will be offered through the S.E.N.T. (Special Education Needs Team) You will be informed at the time if this is necessary.

I/we the Parents/Guardians of \_\_\_\_\_

Hereby **grant permission** for my/our child to receive additional support from the S.E.N. Team should the need arise.

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

**OR**

I/we the Parents/Guardians of \_\_\_\_\_

**Do not grant permission** for my/our child to receive additional support from the S.E.N. Team should the need arise.

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

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7. **Doctor/Casualty:**

I/we the Parent's/Guardians of \_\_\_\_\_

**Hereby grant permission** for two members of staff to accompany my/our child to the doctor/casualty department in the event that the school is unable to contact us on the phone numbers given.

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

**OR**

I/we the Parent's/Guardians of \_\_\_\_\_

**Do not grant permission** for two members of staff to accompany my/our child to the doctor/casualty department in the event that the school is unable to contact us on the phone numbers given.

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

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8. **Visits From Guest Speakers:**

From time to time the school invites guest speakers to work in classrooms for example: speakers on internet safety, poets, authors, environmentalists, dental hygienist, personnel from the Diocesan Office, and so on.

**Please note the class teacher is present in the classroom during such visits.**  
**Class teachers also supervises students from**

I.T. Tralee, K.F.C.E.(Kerry College Of Further Education), SNA trainees, Mary Immaculate College and secondary school transition year students who are on work placement in the school.

**Garda vetting requirement are strictly adhered to.**

I/we understand that Ballyduff N.S. promotes the highest standards of teaching and learning.

Therefore I/we **would like** my/our child to be present during visits from guest speakers.

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

**OR**

I/we the Parent's/Guardians of \_\_\_\_\_

**would not like** my/our child to be present during visits from guest speakers

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

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9. Visits from Outside Agencies:

From time to time professionals from C.A.M.H.S./ K.I.D.S., Occupational Therapists, Visiting Teachers and Nep's psychologist may visit the school for observation and teaching purposes and to support the teaching and learning of pupils.

Parents will be informed of such visits. (Please note that when the school nurse visits the school parents get a consent form to complete and sign prior to the visit.)

I/we realise that Ballyduff N.S. works in partnership with other agencies to ensure that the needs of pupils are met and that they reach their potential.

I/we **would like** my/our child to avail of support from outside agencies if necessary.

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

OR

I/we the Parent's/Guardians of \_\_\_\_\_

**would not like** my/our child to avail of support from outside agencies even when deemed necessary by the school.

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

## 10. L.I.N.K. (Learning Initiative North Kerry)

Ballyduff N.S. is part of 'The School Completion Programme' and L.I.N.K. staff work in the school currently providing individual support to children and in school homework support on a limited capacity due to cutbacks. Should your child need to avail of any of these services you will be contacted.

I/we **would like** my/our child to avail of support from L.I.N.K. Staff if necessary.

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date:  
\_\_\_\_\_

OR

I/we the Parent's/Guardians of \_\_\_\_\_

would not like my/our child to avail of support from L.I.N.K. Staff.

Signed: \_\_\_\_\_ (Parent/Guardian) Date:

\_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date:

\_\_\_\_\_

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### 11. Code Of Behaviour:

All Parents/Guardians receive a hard copy of the code of behaviour, please familiarise yourself with the code of behaviour and speak to your child about it.

I/we have read the Code of Behaviour for Ballyduff N.S. and agree to support its implementation.

Signed: \_\_\_\_\_ (Parent/Guardian) Date:

\_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) Date:

\_\_\_\_\_

**All children enrolled in Ballyduff N.S. are expected to comply with and support the school's Code Of Behaviour, as well as the school's designated policies on Curriculum, Organisation and management both in school and at school organised events.**