



Ballaghkeene National School

The Ballagh
Enniscorthy,
Co. Wexford

Ph: 053 913 6500
Web: www.ballaghkeenens.ie
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APPLICATION FOR ADMISSION OF NEW PUPILS

2025/ 2026

Please write clearly and in BLOCK CAPITALS. All sections must be fully completed.

CHILD'S PERSONAL DETAILS

*Name of Child (as per birth cert): _____ *Date of Birth: ____/____/____

*Gender: _____ *PPS No: _____ *Nationality: _____

*Home Address: _____

*Eircode: _____

*Parent/Guardian E-mail: _____

Country of Birth: _____

If not born in Ireland, date on which child arrived in Ireland: _____

Please circle your child's mother tongue (language spoken at home) Irish/ English? *

If neither language above is mother tongue, please specify language: * _____

PARENTS'/ GUARDIANS INFORMATION

Mother's Name: _____

Father's Name: _____

Mobile No: _____

Mobile No: _____

Address: _____

Address: _____

Eircode: _____

Eircode: _____

Legal Guardian? YES or NO (Please circle)

Legal Guardian? YES or NO (Please circle)

With whom does the child normally reside? _____

EMERGENCY CONTACTS

Emergency contact 1:

Name: _____

Contact no: _____

Relationship to the child: _____

Emergency contact 2:

Name: _____

Contact no: _____

Relationship to the child: _____

Emergency contact 3:

Name: _____

Contact no: _____

Relationship to the child: _____

Emergency contact 4:

Name: _____

Contact no: _____

Relationship to the child: _____

I/ We and our child agree to adhere to the Code of Discipline of the school? (copy of Code available on request and on school website at <https://www.ballaghkeenens.ie>)

Signed Parent 1: _____

Date: _____

Signed Parent 2: _____

Date: _____

EDUCATION HISTORY/ INFORMATION

Name of your child's creche/ playschool: _____

Name of previous school (if any): _____

Full address of previous school: _____

Contact no: _____ **Name of principal:** _____

Detailed reason for transferring (*This information is essential for us to contact previous school re. reports, discipline, attendance etc.*):

I give permission to discuss the needs of my child with the manager/ principal of the playschool/ school listed above

Yes ☐ **No** ☐

Consent signed: _____

Date: _____

OTHER INFORMATION

Name(s) of siblings within the school: _____

Have you enclosed a copy of (a) Birth Cert. * _____ (b) Baptismal Cert. _____

** information that must be provided* (if you wish for your child to receive the sacraments, a copy of their Baptismal Cert is required)

Does your child have any medical conditions? _____

Does your child have any allergies? _____

Does your child have any sight, hearing, and speech/ language delay difficulties?

Does/ Did your child attend Speech/ Language Therapy? _____

Name of Clinic and Speech Therapist which we will be in contact with

Please include any additional information, Professional Assessment Reports etc. (if applicable)

Has your child ever attended/ been recommended to attend a psychologist? If so,

(a) By Whom: _____

(b) Psychologist: Name and Address so that we may contact them

I wish to enrol my child _____ (child's name).

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

I consent to my child's data being collected, processed and used in accordance with the Data Protection Policy during the course of their time as a pupil in this school.

Signed: _____ Date: _____

Parent/Guardian signature (s)

We thank you for taking the time to complete this enrolment form. Please do not hesitate to contact us should you have any queries regarding any of the above.