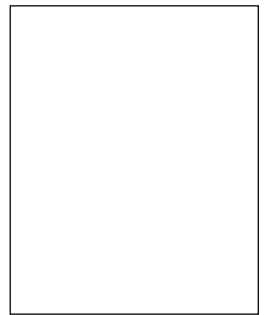




Ballinteer Community School
Broadford Road, Ballinteer, Dublin16.
Enrolment Application Form



Proposed Year of entry - August: _____

Application Received: (Office Use) _____

Section 1 – Student Family Information

First Name: _____ Surname: _____

Male/Female _____ PPS No. _____

Date of Birth: _____ Religion: _____

Home Address: _____

Telephone No: _____ Mobile (Mother) _____

Mobile (Father) _____

Email address _____

Correspondence Address if different from above: _____

Father's Name: _____ Occupation: _____

Address: _____

Mother's Name: _____ Occupation: _____

Address: _____

Mother's Maiden name: _____

Name and Address of Guardian(s) if Applicable: _____

Number of children in Family: _____

Position of child: (e.g. 1st, 2nd) _____

Names of brothers/sisters in BCS _____

Country of Birth: _____

Name and contact details of G.P. _____

Please answer the following questions:

Full Medical Card Holder Yes ☐ No ☐

Are they are on medication Yes ☐ No ☐

If yes, please specify _____

Section 2 – Educational Information

List all previous schools attended (most recent first): _____

Is your child exempt from Irish Yes ☐ No ☐

Has your child ever completed a
Psychological or Clinical Assessment? Yes ☐ No ☐

Was your child in a special class in Primary School? Yes ☐ No ☐

Has your child received additional Resource hours? Yes ☐ No ☐

Did your son/daughter receive Learning Support Yes ☐ No ☐

Do they have an SNA? Yes ☐ No ☐

Section 3 – Completing this application

Before you return this application, have you enclosed the following (please tick)

- ☐ A copy of the child's Birth Certificate
- ☐ A recent passport Photograph
- ☐ A copy of each of the child's Psychological/Clinical Assessment(if Applicable)
- ☐ A copy of the child's Exemption from the study of Irish(if applicable)

Section 4 - Declaration

I confirm that I/we have read the Ballinteer Community School Admissions Policy and declare that everything I/we have stated in this form is true and accurate.

All documentation described in Section 3 has been attached with this application.

I/We are aware that any untrue statement on this or subsequent forms may lead to the withdrawal of any offer of a place in this school.

Parent/Guardian _____ Parent /Guardian_____

Date: _____ Date: _____

Consent

I/We give consent to all previous schools to provide any and all information about my child/ward to a designated Ballinteer Community School staff member. This information will include:

- Results of recent standardised tests
- Details of NCSE funding
- Learning Support, Resource hours, SNA's, Assistive Technology, School Transport
- Information contained in reports from psychologists, psychiatrists, speech and language therapists and occupational therapists
- Specific issues relating to your son/daughter, their strengths and needs, attendance, homework and motivation.

Parent/Guardian _____ Parent/Guardian_____

Date: _____ Date: _____