



Scoil Choluim, Ballyheerin, Fanad, Co. Donegal

Phone: 0873464326/074-9139526

info@ballyheerinschool.ie

Enrolment Form

Name: - _____

D.O.B: - _____

P.P.S No: - _____

Religion: - _____

Date of first day on Roll: - _____

Name of Mother/Guardian: - _____

Address: -

Telephone No: - Landline _____ Mobile:

Name of Father/Guardian: - _____

Address: -

Telephone No: Landline _____ Mobile:

Birth Cert on file: Yes _____ No _____

Alternative/Emergency Contact Details: -

Name: _____

Telephone No: - Landline _____ Mobile:

Child's First Language: English _____ Irish _____ Other _____

Any Brothers/Sisters still to attend school: Yes _____ No _____

Names of Siblings still to attend school: -

Medical conditions of Child if any: -

Allergies, Asthma, Hearing or Visual impairments? Yes _____ No _____

Details of condition:

GP Name:- _____ Contact No:

Any other relevant information: -

Permission:	YES	NO
Do you give permission for your child to use the school wifi in accordance with the school's acceptable usage Policy?		
Do you give permission for your child to be photographed for school projects, local newspapers & school related activities?		
Do you give permission for your child to go on school trips under teacher supervision?		
Do you give permission for your child's photograph and or work to be used on the school's website?		
Do you give permission for your child to be treated in school for minor accidents (e.g. cuts, grazes)?		
Do you give permission for your child's photograph and or work to be included on the Class Dojo Class Story or uploaded to your child's class dojo e-portfolio?		
Annually the school is asked to provide information to the HSE to facilitate their work, immunisations, sight and hearing tests and dental appointments etc. and to the Parish Office for preparation for the Sacraments. Do you give permission for your child's details to be made available?		
Do you give permission for your child to engage in online tutorials and session via zoom and facilitated by a teacher		
I understand that my child must follow the Code of Behaviour and anti-bullying policy of Scoil Choluim and adhere to the sanctions which are in place as a result of negative or bullying behaviour.		

Signed: _____

Date:

Parent/Guardian

Signed: _____

Date:

Parent/Guardian