



School Office Use
Rec: _____ Time: _____

STUDENT ENROLMENT FORM

Academic Year 2019/2020

Section A: Family Details *(Required for school enrolment and parental contact purposes)*

1. Student Details

An original birth certificate **must** accompany all applications. Original birth certificates will be returned to parents/guardians.

Student Surname		Student Forename(s)	
Male/ Female		Date of Birth	
Country of Birth		Birth Certificate Attached?	
Home Address (including Eircode)		Student's PPS Number	
*Primary School Attended (most recent)		*Other Primary Schools Attended (if applicable)	
Current Class in Primary School		Guardian name and contact number	

Name of sibling(s) currently in Ballymakenny College:

- Student : _____ Year: _____ Date of Birth: _____
- Student : _____ Year: _____ Date of Birth: _____
- Student : _____ Year: _____ Date of Birth: _____

****Please note, we may contact the Primary School which your son/daughter has attended in connection with your son's/daughter's enrolment.***

Autism Special Class:

Does a Psychologist's Report recommend your child be placed in an Autism Class?

Yes

No

For a student to be eligible for this they **must** have a definite diagnosis of Autism meeting DSM IV/V or ICD 10 diagnostic criteria and a **recommendation** by an Educational Psychologist to have access to a Specialist Class.

2. Parent/Guardian Details

	Parent/Guardian	Parent/Guardian
Forename:		
Surname:		
Address: (Including Eircode)		
Contact Number(s)		
Relationship to Student		
Contact E-Mail Address		
Indicate the person to whom correspondence is to be sent regarding education progress/attainment of the student. <i>Please tick (✓) appropriate box:</i>	<input type="checkbox"/>	<input type="checkbox"/>

3. Emergency Contact Details (Other than mentioned above).

	Contact 1	Contact 2
Name		
Contact Number(s)		
Relationship to Student		

4. Access to/Custody of Student

- a) Are there any orders or other arrangements in place governing access to or custody of the student?
(Please tick the relevant box)

Yes No

- b) If the answer to (a) above is 'Yes' please provide details below

5. The Department of Education and Skills who are seeking the following information on the nationality, mother tongue and ethnic/cultural background of students who have been offered and accepted a place in post-primary schools for the coming year:

- a. What is the student's nationality: _____
(please use BLOCK CAPITALS)
- b. Is English or Irish the mother tongue of the student? -----
(answer YES or NO)

IN RESPECT OF THE NEXT QUESTION YOU MAY OPT NOT TO PROVIDE AN ANSWER.

- c. To which ethnic or cultural background does the above named student belong?
Please circle only one category (these categories used are based on the Census)

1. White Irish
2. Irish Traveller
3. Roma
4. Any other white background
5. Black or Black Irish – African
6. Black or Black Irish – any other Black background
7. Asian or Asian Irish – Chinese
8. Asian or Asian Irish – Any other Asian background
9. Other including mixed background
10. No consent

6. Data Protection

Our school maintains a database of photographs and digital images including videos of school events. It is customary to take photos and videos of students engaging in activities to create a pictorial and historical record of school life and as a means of presenting projects and work done. Photographs and videos may be published on our school website and blog, newsletters, calendars and local and national newspapers. In the case of electronic images student's names will not be recorded with the picture.

1. If you are happy to have your child's photograph/digital image taken as part of school activities and included in all such records tick here
2. If you would prefer not to have your child's photograph/digital image taken and included in such records, please tick here

Section B: Educational Details *(Required for the assessment of individual educational needs)*

1. Study of Irish

a) Irish is a compulsory subject for all students. Exemptions from the study of Irish are only granted in exceptional cases. Is the student currently studying Irish? ***(Please tick the relevant box)***

Yes No

b) If the answer to question is 'No' please indicate the reason by ticking a, b or c below:

Option	Reason	Please tick (✓)
(a)	The student lived outside of Ireland until 11 years of age	
(b)	The student is re-enrolling in a state school having spent at least three years abroad and is at least 11 years of age	
(c)	The student has a psychological report recommending exemption from the study of Irish. The assessment has been carried out within the last three years. (In this case the school will require a copy of this report)	

Please note that activating an Irish exemption may limit the future educational and professional opportunities available to your son or daughter.

A copy of the Irish exemption certificate, issued by the primary school, should accompany this application form.

2. Access to Resource/Learning Support Hours

a) Has the student had a psychological assessment? ***(Please tick the relevant box)***

Yes No

b) If the answer to (a) above is 'Yes' is the psychological report available? ***(Please tick the relevant box)***

Yes No

c) Has the student been granted resource teaching hours by the National Council for Special Education (NCSE)? ***(Please tick the relevant box)***

Yes No

d) Has the student availed of the services of a Special Needs Assistant (SNA) granted by the NCSE? ***(Please tick the relevant box)***

Yes No

e) Has the student been in receipt of learning support at Primary School?

(Please tick the relevant box)

Yes No

If the answer to (a) and/or (e) above is 'Yes' please provide details below and include a copy of the reports along with this application.

--

Section C: Medical Details (*Required to ensure the school has an accurate record of medical conditions including your Doctor's contact details in the event of a medical issue arising during school activities. Please note it may be necessary to disclose this information to staff*)

Doctor's Name		Name of Practice	
---------------	--	------------------	--

Address of Practice		Contact No of Practice	
---------------------	--	------------------------	--

Do you have a Family Medical Card?

Yes No
(Please tick the relevant box)

Does the student require glasses?

Yes No
(Please tick the relevant box)

Does the student have any hearing difficulties?

Yes No
(Please tick the relevant box)

Does the student have any of the Chronic Conditions listed?

Please tick (✓) appropriate box:

Asthma
 Diabetes
 Epilepsy
 Anaphylaxis
 Narcolepsy
 Other (Please specify)

Procedures to follow for a particular illness

Any other medical concerns/information of relevance?

Autism Diagnosis:

For a student to be eligible for access to the Autism Special Class they **must** have a definite diagnosis of Autism meeting DSM IV/V or ICD 10 diagnostic criteria and a **recommendation** by an Educational Psychologist to have access to a Specialist Class.

Section D: School Enrolment Policy and ASD Unit Policy

- I have read the Enrolment Policy and ASD Unit Policy (if applicable).
- It is a requirement of all students in Ballymakenny College that they purchase their own iPad and eBooks as well as the management services of our mobile technology provider, Wriggle.
- I give permission for the Principal of Ballymakenny College to contact the applicant's current/former school(s) in connection with this application.

Parent/ Guardian Signature

Signed: _____ (Parent/Guardian)

Date: _____

Student Signature

Signed: _____ (Student)

Date: _____

Completed
Applications to

Ballymakenny College
Ballymakenny Road,
Drogheda,
Co.Louth

Closing
Date

4pm on Thursday,
8th November 2018

Submitting the Enrolment Form

- The student's original birth certificate **must** accompany all applications. Original birth certificates will be returned to parents/guardians.
- Formal application for a place in Ballymakenny College must be accompanied by a deposit of €100 which is refunded if a place is not offered. This deposit will cover the Student Locker, Journal, Materials for class, BT Young Scientist Trip & Induction.
- All steps must be filled out in full in order for the form to be processed. Failure to do so may result in a rejected application. **Incomplete applications will be returned.**

Applicant Checklist

- | | |
|---|--------------------------|
| Completed Application Form | <input type="checkbox"/> |
| €100 deposit included | <input type="checkbox"/> |
| Original Birth Certificate included | <input type="checkbox"/> |
| Review Enrolment and ASDU policies | <input type="checkbox"/> |
| Copy of psychological reports (if applicable) | <input type="checkbox"/> |