



# ENROLMENT FORM



## Scoil Aireagail, Ballyhale, Co. Kilkenny

Principal: Ms. Helen Mc Tighe  
Deputy Principal: Mr. Shane Fallon

School Tel. No. 056 7768632  
Email: [info@scoilairagail.ie](mailto:info@scoilairagail.ie)  
Web: [www.scoilairagail.ie](http://www.scoilairagail.ie)

Please complete in **BLOCK CAPITAL LETTERS** only  
Application for place for Academic Year (e.g. 1<sup>st</sup> Year 2023/24) \_\_\_\_\_

### Information on Student

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Male:  Female:  Date of Birth: \_\_\_\_\_  
 PPS: \_\_\_\_\_  
 Name of Last School Attended: \_\_\_\_\_ School Roll No.: \_\_\_\_\_  
 Irish exemption: Yes/No \_\_\_\_\_ (if 'Yes', please submit a copy of exemption letter)  
 Attending of resource hours: Yes/No \_\_\_\_\_ (if 'Yes', please state total hours per week: \_\_\_ hours)  
 In possession of an educational Psychologist report: Yes/No \_\_\_\_\_ (if 'Yes', please submit a copy)  
 Nationality: \_\_\_\_\_ First Language Irish or English: Yes:  No:

### Information on Parent(s)/Guardian(s)

Name (Mother/Guardian): \_\_\_\_\_  
 Name (Father/Guardian): \_\_\_\_\_  
 Mother's Address: \_\_\_\_\_  
 Father's Address: (if different to above) \_\_\_\_\_  
 Mother' Maiden Name: \_\_\_\_\_  
 Address For Correspondence: (if different to above) \_\_\_\_\_  
 Email address for correspondence: \_\_\_\_\_  
 Telephone Numbers: Child's Home: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
 Mother's Work Number: \_\_\_\_\_ Father's Work Number: \_\_\_\_\_  
*Please give address for correspondence home including preferred title, i.e. Mr, Mrs, Ms and correct surname*

### Medical Details

Doctor's Details: Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_  
 Please enter **any medical condition(s)** which your child has been diagnosed with, and/or any medical condition which the school should be aware of in order to help maintain the health and safety of your child:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## **Consent**

**Medical:** Do you consent to school management informing members of staff about any medical condition above, so as staff can be aware of how to respond in an emergency? Yes/No \_\_\_\_\_

**Photographs:** Scoil Aireagail takes group/individual photographs of students for promotional/administrative purposes. Photographs are published on our school website or in brochures, prospectus, newsletters and newspapers. Do you consent to your child's photograph being taken for these reasons? Yes/No \_\_\_\_\_

**School Outings:** Scoil Aireagail students regularly partake in supervised day trips away from the school premises, as part of the educational experience. Do you consent that your child can participate in such trips? Yes/No \_\_\_\_\_

## **Signature(s)**

Parent(s)/Guardian(s): \_\_\_\_\_  
\_\_\_\_\_

**If you have any difficulty in completing any part of this form please contact Scoil  
Aireagail on 056 7768632**

**Please return completed form to the office in Scoil Aireagail immediately**

**Scoil Aireagail ensures the security and confidentiality of all personal data, under the  
data Protection Acts of 1988, 2003 and 2018**