



ENROLMENT FORM

Scoil Aireagail, Ballyhale, Co. Kilkenny

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

School Tel. No. 056 7768632
Email: info@scoilaireagail.ie
Web: www.scoilaireagail.ie

Please complete in **BLOCK CAPITAL LETTERS** only
Application for place for Academic Year (e.g. 1st Year 2024/25) _____

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's 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**