



KILKENNY/CARLOW EDUCATION & TRAINING BOARD



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 2025/26) _____

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): _____

Scoil Aireagail ensures the security and confidentiality of all personal data, under the data

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

Protection Acts of 1988, 2003 and 2018