



Ballinamere National School

Application for Enrolment

Mainstream Class: _____ Esker Autism Centre

Application to Enrol September _____ (Year)

PLEASE NOTE: This is an APPLICATION for Enrolment and does not guarantee a place. All applications will be considered and places allocated according to our school's Enrolment Policies. This application is for the year stated above only. A new application form must be completed for subsequent years.

Name of Child: _____

Date of Birth: _____ P.P.S. Number: _____

Address: _____

Eircode (mandatory) _____

Mother's Name: _____ Contact Number: _____

Father's Name: _____ Contact Number: _____

Siblings presently attending Ballinamere National School: _____

If seeking a transfer from another school, state name and address of same.

Name of School: _____

Address of School: _____

Reason for transfer: _____

Has your child any Medical Condition / Special Needs: _____

The data contained in this Application to Enrol Form will be processed in order to implement our schools Enrolment Policy. This data will be processed and stored in accordance with our School's Data Protection Policy which is available to view on our website www.ballinamerens.ie and in hardcopy from the office. The Data Controller is the Board of Management of Ballinamere N.S.

Signed: _____ (Parent/Guardian) Date: _____

Signed: _____ (Parent/Guardian) Date: _____

If this application is being signed by one parent only please read and sign the following.

I, _____ confirm that both parents of _____

are aware of and consent to this Enrolment Application to Ballinamere National School.