

**St. Patrick's N.S.  
Ballaghlea  
Ballygar  
Co. Galway**



**APPLICATION FOR ENROLMENT 2026 - 2027**

Any information you give on this form will be treated with the strictest confidence and only used for the benefit of your child.

USE **BLOCK CAPITALS** PLEASE

1. Name of child: \_\_\_\_\_ Male/Female: \_\_\_\_\_

2. Name and class of siblings already in the school: \_\_\_\_\_

3. Number of children in the family: \_\_\_\_\_ 4. Placing of child (1<sup>st</sup>, 2<sup>nd</sup> etc.): \_\_\_\_\_

5. (a) PARENTS: The following information is needed for registration purposes.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Nationality: \_\_\_\_\_

Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

6. Home Address & Eircode: \_\_\_\_\_

7. Home Phone No.: \_\_\_\_\_

8. Mobile No. for "text-a-parent": \_\_\_\_\_

9. 1<sup>st</sup> contact person if parent not available: Name: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> contact person if parent not available: Name: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

10. Child's Date of Birth: \_\_\_\_\_ 11. Child's Nationality \_\_\_\_\_

12. Child's P.P.S. No.: \_\_\_\_\_ (Required to register your child on Primary Online Database. The school's grants are based on enrolment numbers.)

13. Name and address of pre-school or previous school attended: \_\_\_\_\_

Chairperson: Mr. Jim Grogan  
Principal: Anne-Marie Farrell  
Acting Deputy Principal: Catriona Collins

**St. Patrick's N.S. Ballaghlea**  
Ballygar, Co. Galway F42 KC56  
T +353 (090) 6660255  
M 086 1380092  
E [info@ballaghleans.ie](mailto:info@ballaghleans.ie)  
[www.ballaghleans.ie](http://www.ballaghleans.ie)  
[www.facebook.com: Ballaghlea nationalschool](https://www.facebook.com/Ballaghlea-nationalschool)

# St. Patrick's N.S. Ballaghlea Ballygar Co. Galway



14. Phone no. of previous school: \_\_\_\_\_

15. Name and phone no. of Family Doctor: \_\_\_\_\_

16. Has your child ever been referred to a specialist by your doctor? ☐ Yes ☐ No

If yes please give brief details of referral: \_\_\_\_\_

\_\_\_\_\_

17. Has your child any allergies: ☐ Yes ☐ No

If yes please give details: \_\_\_\_\_

\_\_\_\_\_

18. Does your child appear to have any difficulties with the following:

	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes
Hearing:	<input type="checkbox"/> No	Speech:	<input type="checkbox"/> No	Vision:	<input type="checkbox"/> No

If you have answered yes to any/all of the above please give details:

\_\_\_\_\_

19. Has your child ever had any type of assessment? ☐ Yes ☐ No

If yes please give details: \_\_\_\_\_

\_\_\_\_\_

20. Do you give permission for your child to go on school trips under teacher supervision during the school day e.g trips to the local Library, local historical buildings etc.

☐ Yes ☐ No

21. Sometimes journalists visit our school to take pictures of the children e.g awards/prizes, sporting events, first day at school etc. Do you give permission for your child to be photographed for school projects, local newspapers, and school related activities? ☐ Yes ☐ No

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22. Please visit our school website [www.ballaghleans.ie](http://www.ballaghleans.ie) Do you give permission for your child's photo to be used on the school website/school Facebook page. See ICT policy on our website.

Yes

No

23. The school teaches Relationships and Sexuality Education (RSE) and Stay Safe using the guidelines provided by the Department of Education and Science. If you would like to view the content of the programme used in the school for teaching SPHE you are welcome to do so.

If you have any concerns with regard to RSE/Stay Safe please tick this box so that an appointment will be made with the principal to discuss your concerns. ☐

24. Do you give permission for your child to take part in Swimming lessons organised by the school if applicable (1<sup>st</sup> - 6<sup>th</sup> class)

Yes

No

25. On occasion we administer 'Diagnostic' tests (e.g. MIST, Belfield Infant Screening, NNRIT) to monitor the educational progress of pupils. Should any concerns arise following these tests we will contact you. Do you agree to this?

Yes

No

26. Do you give permission for your child to be taken immediately to a doctor or hospital in case of serious illness/accident?

Yes

No

27. Do you give permission for your child to make his/her First Holy Communion (2nd class). Do you give permission for your child to make his/her Confirmation (6<sup>th</sup> Class)

Yes

No

28. Due to our 'early intervention' initiative, the infant classes will be in a position to avail of learning support/resource services within the school. Do you give permission for your child to avail of this initiative.

Yes

No

The information I have given in this form is accurate. In the event of the Father/Mother/Guardian not being present to sign this application I undertake to inform him/her of the application to enrol my above named child in St. Patrick's NS, Ballaghlea.

Parent/s signature: \_\_\_\_\_

IF ANY OF THE DETAILS IN THIS FORM CHANGE - FOR EXAMPLE, IF YOU MOVE HOUSE, CHANGE YOUR PHONE NUMBER ETC. WOULD YOU PLEASE INFORM THE SCHOOL AT THE EARLIEST OPPORTUNITY.

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