

# BOYNE COMMUNITY SCHOOL

Trim, Co. Meath  
Telephone: 0469481654      Email: info@boynecs.ie  
Website: [www.boynecs.ie](http://www.boynecs.ie)



OFFICE USE ONLY:

PPOD:

CATEGORY: 1. 2. 3. 4. 5. 6.

PLEASE RETURN ON / BEFORE **Friday 20<sup>th</sup> October 2023.**

A **PHOTOCOPY** of the birth certificate, student's PPS number and proof of address **MUST** accompany this form.

Please note this enrolment form is for First Year Applicants only.

Does this application relate to a placement in our Autism Unit Cuan Slán?

Please circle: YES or NO

Passport Photo

## PART 1 STUDENT DETAILS

1. Child's First Name/s:	2. Child's Last Name:																		
3. Male/ Female:	4. Nationality:																		
5. Child's PPS No.: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> <p style="font-size: small;">Should be 7 digits and 1 Letter</p>									6. Date of Birth (attach copy of birth cert) DD/MM/YY : <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">D</td> <td style="width: 12.5%; text-align: center;">D</td> <td style="width: 12.5%; text-align: center;">/</td> <td style="width: 12.5%; text-align: center;">M</td> <td style="width: 12.5%; text-align: center;">M</td> <td style="width: 12.5%; text-align: center;">/</td> <td style="width: 12.5%; text-align: center;">Y</td> <td style="width: 12.5%; text-align: center;">Y</td> <td style="width: 12.5%; text-align: center;">Y</td> <td style="width: 12.5%; text-align: center;">Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y										
7. No. of children in family:	8. Position of child in family:																		
9. Does the student have any brothers or sisters who are currently in Boyne Community School: Please circle YES or NO	10. If yes, name of Student/s and Class: Student Name/s: _____ Class: _____																		
11. Please tick here if twin/sibling also applying: <input type="checkbox"/> Name:	12. Mother's Maiden Name:																		
13. Language spoken at home:	14. Country of Birth:																		
15. Home Address (proof of address must accompany form):	16. Eircode (must include):																		

## PART 2 PRIMARY SCHOOL DETAILS

Name of Primary School: _____
School Roll No.: _____
Principal's Name: _____
Other Primary School attended and date: _____

**PART 3 FAMILY DETAILS**

<b>PARENT/GUARDIAN DETAILS</b>	<b>PARENT/GUARDIAN DETAILS</b>
First Name:	First Name:
Last Name:	Last Name:
Relationship to Child:	Relationship to Child:
<u>Please indicate principle address (ie) address for all correspondence by ticking relevant address box</u>	<u>Please indicate principle address (ie) address for all correspondence by ticking relevant address box</u>
Principle Address: <input type="checkbox"/>	Principle Address: <input type="checkbox"/>
Address:	Address:
Eircode:	Eircode:
Phone No. (Work / Home):	Phone No. (Work / Home):
Phone No. (Mobile):	Phone No. (Mobile):
Occupation:	Occupation:
Email Address:	Email Address:

<b>OTHER EMERGENCY NAME AND CONTACT NUMBER</b>
Full Name:
Phone Number:
Relationship to Child:
If there are any orders or other arrangement in place governing access to or custody of the child, please provide details: _____
Please indicate name and address of person/s to whom correspondence is to be sent regarding educational progress of the student, if different from above: _____ _____

**PART 4 EDUCATIONAL DETAILS**

- Irish is a compulsory subject for all students. Exemptions are only granted in exceptional cases.

Is the student currently studying Irish?

Please circle YES or No

If not studying Irish, please indicate the reason why: \_\_\_\_\_  
\_\_\_\_\_

- Has the student a psychological assessment?

Please circle YES or NO

If yes, is the psychological report available?

Please circle YES or NO

- Has the student been granted learning support, resource teaching hours and/or special needs assistance hours by the NCSE (National Council for Special Education)?

Please circle YES or NO

If yes, please give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\* All relevant document should be forwarded to the school on **acceptance** of a place\*\*

**PART 5 MEDICAL DETAILS**

1. Health concerns for child: \_\_\_\_\_  
\_\_\_\_\_

2. Procedures to follow (for a particular illness): \_\_\_\_\_  
\_\_\_\_\_

3. Doctor's name (if contact is required in relation to the above health concern/illness or other medical issue):  
\_\_\_\_\_

4. Medical Card Number if applicable: \_\_\_\_\_

5. Does the child have any hearing difficulties:                      Please circle YES or NO

6. Any other medical concern/information of relevance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 6 PARENT/GUARDIAN CONSENT** (please tick boxes and sign below)

In accordance with the Department of Education & Skill's guidelines, the Board of Management must seek permission from parents/guardians in the following areas:

a) **Des Database**

I give permission for Boyne Community School and the Department of Education & Skills to retain personal information about my child for purposes as outlined in DES circular 0047/2010.

b) **Critical Incidents**

In the event of a critical incident involving the school community, I give permission for my child to receive counselling by an outside agency, if required.

c) **School Website/Publications**

I give permission for the use of school related photographic images which include my child on the school website or in other publications.

d) **Counselling Services and School Supports**

I give permission for my child to access school counselling and school support as recommended by Boyne Community School. This may include visits to the Guidance Counsellor, Counsellor, School Chaplain and/or meetings with the School Completion Programme Coordinator.

e) **Special Education Needs Support**

I give permission for Boyne Community School to put supports in place to enable my child during his/her time in school; this may include co-teaching in a subject area, one to one support, small group withdrawal or the delivery of specified programmes. Any further interventions will only be undertaken with consent from the parent/guardian.

Parent/Guardian Signature 1: \_\_\_\_\_

Parent/Guardian Signature 2: \_\_\_\_\_

**PART 7**

I wish to enrol my child in **Boyne Community School**.

I undertake to ensure that my child will attend school punctually and regularly. I have read the Code of Behaviour with my child and I undertake to ensure that my child will follow the Code of Behaviour and that their progress is monitored through the school journal.

Signed \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

Signed \_\_\_\_\_ (Student) Date: \_\_\_\_\_

**CHECKLIST**

**HAVE YOU:**

- Enclosed one photograph, signed at back on page 1
- Included your child's PPS Number on page 1
- Enclosed a photocopy of original Birth Cert
- Proof of address
- Ticked the boxes and signed all relevant sections

**INCOMPLETE  
APPLICATION FORMS  
WILL BE RETURNED**

Boyne Community School is registered as a Data Controller under the Data Protection Acts 1988 and 2003. The personal data supplied on this application is required for the purposes of student enrolment, registration, administration, child welfare and to fulfil our other legal obligations. Contact details will also be used to notify you of school events/activities. While the information provided will generally be treated as confidential to Boyne Community School, from time to time it may be necessary for us to exchange personal data on a confidential basis with other bodies including Department of Education & Skills, the Department of Social Protection, Department of Children & Youth Affairs, An Garda Síochána, the Health Service Executive, the National Educational Welfare Board or with another school. We rely on parents/guardian to provide us with accurate and complete information and to update us in relation to any change. Should you wish to update or access your child's personal data you should write to the School Principal.