

Shanballymore National School

Shanballymore, Mallow, Co. Cork.

Roll Number: 03704E



Phone/Fax: 022 25611

E-mail: shanballymorens@gmail.com

Application Form – September 2023

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|---------------------|------------------------------|
| First Name(s): | Surname: |
| Known as: | Gender: Male Female |
| Date of birth: | |
| Address: | Email address: |
| Home telephone no.: | Mobile telephone no.: |
| Home language(s): | Position of child in family: |

| | | | |
|-------------------------|--|-----------------------|--|
| 1. Parent/Carer 1 name: | | | |
| Relationship to child: | | Mobile telephone no.: | |
| 2. Parent/Carer 2 name: | | | |
| Relationship to child: | | Mobile telephone no.: | |

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| Has your child been formally assessed for a special education need? e.g. psychological report, speech and language, occupational health, etc. Yes No |
| If yes, please give details: |

Please note:

Data Protection Act 2003: I consent for the sensitive personal data contained above to be stored by the school and on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.. From time to time, information will be passed on to the Department of Education to contribute to local and national statistics and to validate school enrolment for grant payment and allocation purposes.

I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND COMPLETE. I UNDERSTAND THAT SUPPLYING FALSE INFORMATION MAY RESULT IN A PLACE BEING WITHDRAWN.

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|-------------------------|-------|
| Parent/Carer Signature: | Date: |
|-------------------------|-------|

Principal: John Walsh, Deputy Principal Siobhan Shinnick, Chairperson of Board of Management Patsy Walsh