An Scoil Chuimsitheach,
An Bóthar Buí, Mala,
Co. Chorcaí, P51 TK28.

Boherbue Comprehensive School,
Boherbue, Mallow,
Co. Cork, P51 TK28.

BOHERBUE
COMPREHENSIVE SCHOOL

email: office@boherbuecs.com / website: www.boherbuecs.com / phone: 029 76032

STUDENT ENROLMENT FORM 2021/2022

1. **PUPIL'S NAME:** _____
(exactly as on Birth Certificate)
2. **NAME CALLED BY:** _____
3. **ADDRESS:** _____
_____**EIRCODE:**_____
4. **DATE OF BIRTH:** _____ DAY OF _____ MONTH _____ YEAR
(Please submit Birth Certificate with Enrolment Form)
5. **NATIONALITY:** _____
6. **PUPIL'S PPS NO:** _____
7. **HOME PHONE NO:** _____
8. **PARENT(S) / LEGAL GUARDIAN(S)**
   a) Name: _____ Mobile Phone No:_____
   Occupation:_____
   b) Name: _____ Mobile Phone No:_____
   Occupation:_____
   Maiden Name of Pupil's Mother:_____
9. **PRESENT SCHOOL:** _____

10. FAMILY

Number of children in family: _____

Position of pupil in family: _____

Names of children who are past pupils of Boherbue Comprehensive School:

_____

Names of children currently in Boherbue Comprehensive School and their classes:

_____

11. IS YOUR CHILD EXEMPT FROM IRISH? ☐ Yes ☐ No

12. HAS YOUR CHILD BEEN IN RECEIPT OF EXTRA TUITION DURING SCHOOL HOURS TO SUPPORT THEIR LEARNING? ☐ Yes ☐ No

13. DOES YOUR CHILD HAVE ACCESS TO A SPECIAL NEEDS ASSISTANT? ☐ Yes ☐ No

14. HEALTH: Please outline any health problems / disabilities / special needs requirements that we in the school should be aware of:

_____

_____

Name of Family Doctor: _____

Family Doctor's Phone No.: _____

You may be required to complete a Healthcare Plan.

15. EMERGENCIES:

In case of emergency, I can be contacted at _____ (home no.),

_____ (work no.) or mobile phone no:_____

If I am not available either at my home address, on my mobile phone or at my place of employment, I authorise the School Authorities, in cases of emergency, to contact:

Name: _____

Phone: _____

who has agreed, and is hereby empowered by me, to act on my behalf in such cases.

16. TEXTS AND EMAILS:

Name and mobile number of Parent/Guardian to whom text messages and emails should be sent:

Name:_____Mobile No:_____

Email Address: _____

Relationship to student: ☐ Father ☐ Mother ☐ Guardian

I give permission to Boherbue Comprehensive School to contact me via text messages at the mobile phone number above or email address supplied.

Signature: _____ Date: _____
Parent/Guardian

17. CAT4 ASSESSMENT TEST: The CAT4 (Cognitive Abilities Test) is used for the Assessment Tests.

I give permission for my son/daughter to take the CAT4 Test.

Signature: _____ Date: _____
Parent/Guardian

18. POLICIES AND OTHER PERMISSIONS:

School Policies are regularly reviewed and updated and all policies can be accessed on the school website www.boherbuecs.com or requested from the school office.

Please read the following policies and permission forms – see Enrolment Section www.boherbuecs.com

1. Admissions Policy
2. Code of Behaviour
3. Uniform Policy
4. Code of Behaviour / Code of Uniform Contract
5. Internet Acceptable Use Policy
6. Internet Use Permission
7. Personal Data Protection
8. Social Media Permission
9. Google Apps for Education

We have read the policies and permission forms listed above and hereby agree and consent to the requests, permissions, authorisations and agreements outlined therein.

Signature: _____ Date: _____
Parent/Guardian

Signature: _____ Date: _____
Parent/Guardian

Signature: _____ Date: _____
Pupil

19. FORMAL REQUEST FOR ENROLMENT:

I hereby formally request that my child be enrolled in Boherbue Comprehensive School

Signature: _____ Date: _____
Parent/Guardian

Address: _____

Signature: _____ Date: _____
Parent/Guardian

Address: _____

Please submit the following with the Enrolment Form:

- Birth Certificate
- Two Passport Size Student Photographs