

Enrolment Form 2021/22

Child's Name: _____ **D.O.B:** _____

Preferred version of name in Irish: _____ **Sex:** _____

Address: _____

Eircode: _____ **Religion:** _____

P.P.S. No: _____

Home Phone No: _____ **Work Phone No:** _____

Father's Name: _____ **Occupation:** _____

Mother's Name: _____ **Occupation:** _____

Father's Mobile No: _____ **Mother's Mobile No:** _____

Person (s) to be contacted if parents are not available: 1. Name: _____ **No:** _____

2. Name: _____ **No.** _____ **3. Name:** _____ **No.** _____

Family Doctor: _____ **Phone No:** _____

Has your child attended: (please tick) **Yes** **No**

Playschool

Speech Therapist

Does your child carry an Inhaler?

Does your child have (a) a psychological report

(b) Other Special Needs Requirements

Any relevant information which the school should know about the child/children (health, sight and/or hearing problems, allergies etc)

Does any legal order under Family Law exist that the school should know about?

In the event of accident/emergency do you give permission for the teacher/principal, at their discretion, to seek medical help or to bring your child to hospital? Yes No (Please tick)

Do you give permission for your child to be videoed during school activities and unnamed photographs of your child involved in school activities to be put on the school website. Yes No (Please tick)

Do you give permission for your child to engage in 'out of school visits/activities' (visit to church, hall, swimming pool etc.)? Yes No (Please tick)

On accepting a place in our school it is deemed that our Code of Behaviour will be adhered to. Please note that this information is being acquired in accordance with the Data Protection Act.

Parent's Signature: _____ **Date:** _____