

Carnaross National School
Carnaross, Kells, County Meath
Phone: 046 9245598
email: office@carnarossns.ie
Enrolment Form 2024-25

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

Preferred version of name in Irish: _____ Sex: _____

Address: _____

Eircode: _____ Nationality: _____

P.P.S. No: _____ Email address: _____

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:*** _____