

**Carnaross National School**  
Carnaross, Kells, County Meath  
Phone: 046 9245598  
email: office@carnarossns.ie

**Enrolment Form**

**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)**

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

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**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:* \_\_\_\_\_