Enrolment Form

## Name of Child (in full):

#### Address at which child resides:

Telephone No:

#### Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ If not born in Ireland, date on which arrived in Ireland: \_\_\_\_\_\_\_\_

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#### Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### PPS Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No:

### Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No:

Position of child in family (1st, 2nd, 3rd, etc) \_\_\_\_\_\_\_\_\_\_ Number of children in family:

Religious denomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Optional)

#### If your child was baptised please state where it took place:

Did your child attend preschool? \_\_\_\_\_\_ Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For how long?

##### Other schools attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:

(If transferring from another school)

##### If this school was a primary school – give your reasons for leaving this school:

Give details of any health conditions (e.g. asthma, eyesight, hearing, allergies, etc.) or emotional problems which may affect your child at school:

Has your child any physical or mental disabilities? If so, is there any specific equipment/ resources that the school will require for your child?

##### Has you child ever had a psychological assessment?

##### Has your child ever received a speech and language report?

### Do you give permission for your child’s image to be used in school publications, such as website, Twitter, newsletters and on school displays? Yes/No

### I give my child permission to participate in the Stay Safe/ RSE programme. For more information on Stay Safe please see www.staysafe.ie/parents.htm

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Date on which completed form was returned to the school:

### **Parents Signature:**