

School Enrolment Form

COMPLETION OF THIS FORM DOES NOT GUARANTEE YOUR CHILD'S PLACE IN THE SCHOOL

Note: All forms must be completed in full and returned to the school, along with a Birth Certificate, Baptismal Certificate (if applicable), PPS No. and proof of address.

Name of Child (in full, as on Birth Certificate) _____

Address at which child resides: _____ Eircode _____

Proof of address is required, e.g. ESB bill, Telephone bill.

Telephone No: _____

Date of Birth: _____ Child's PPS No: _____

Nationality: _____ Country of Birth: _____

If not born in Ireland, date on which child arrived in Ireland: _____

Mother's Nationality: _____ Father's Nationality: _____

***If you change your mobile number during the school year, please inform us immediately as it is vital to keep records up-to-date in case of an emergency.**

Father's Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

Mother's Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

Guardian's Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

Is the child living with both parents _____

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

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

Date of baptism: _____

Did your child attend preschool: _____ For how long: _____

Where? _____

At what age did your child begin to speak? _____

Does he/she speak well? _____

Has your child ever had a psychological assessment? _____

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

***Please attach a copy of any relevant reports to this application**

Name of brother/sister in this school: _____

Class: _____

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Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine, **please inform the school in writing.**

Person who usually collects child(ren)

Phone _____
Phone _____
Phone _____
Phone _____

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours. If there is any change in this regard or if there is any other information which you think may be relevant **it is very important that the school is informed immediately.**

Other relevant information: _____

School Emergencies/Sickness/Unexpected Closures, etc.

The following information will be used by the school in the event of:

- Your child feeling sick
- An emergency occurring while the school is in operation, making it necessary to close the school.
In such an emergency, it is advisable to ensure the safe return home of pupils
- An unexpected closure of the school.

If my child gets sick, or the school has to close unexpectedly, etc and there is no one at home/the school is unable to contact you, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.

Person the school will contact:

1. _____ 2. _____

Tel/mobile: _____ Tel/mobile: _____

Medical Emergency/Accident

That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may bring my child/children to a Doctor/Hospital if an emergency arises.

Signed (Parent/Guardian): _____

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Family Doctor (Only if you wish)

Doctor's Name: _____ Telephone No: _____

Does your child/children have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school?

It is the responsibility of parent(s) / guardian(s) to notify the school of any food allergies. Does your child/children have an allergic reaction to medication or food?

Is there any other relevant information about your child/children which we should know?

I consent to my child's participation in the RSE Programme

Parent's Signature: _____

I consent to my child's participation in the Stay Safe Programme

Parent's Signature: _____

Screening Tests are carried out in the school on all children from Infants to 6th Class. I allow my child to do these tests.

Parent's Signature: _____

During your child's time in Lurgybrack N.S. it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.

Parent's Signature: _____

I give permission to allow my child to attend the Learning Support/Resource teacher, if deemed necessary.

Parent's Signature: _____

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I give permission to allow my child's photograph/image to be included in school-related activities, competitions etc.

Parent's Signature: _____

I give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE (school nurse, doctor, dentist), etc.

Parent's Signature: _____

I consent to allow my child/children take part in all of the activities/tours/sport that will arise throughout the year.

Parent's Signature: _____

I acknowledge that I have received, read and accepted the School General Policy and Code of Behaviour of Lurgybrack N.S. and having discussed and explained same with my child, I agree to abide by same.

I wish to enrol my child _____

I declare the above information to be correct and understand that it will be treated as confidential.

Signed: _____

Date: _____

PLEASE ENSURE THAT YOU HAVE INCLUDED A BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE (if your child was baptised), EIRCODE, PPS No. AND PROOF OF ADDRESS WITH THIS FORM. These documents will be photocopied and returned to you.

Office Use only

Principal's Signature: _____

Date: _____

Birth Certificate received: Yes No

Baptismal Certificate received: Yes No Not applicable

PPS No.: Yes No

Proof of Address: Yes No

POD: Yes No