

# Kilchreest N.S.



## School Enrolment Form

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

Child's full name in Irish (if known) \_\_\_\_\_

Address at which child resides: \_\_\_\_\_

\_\_\_\_\_

Eircode: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

P.P.S No: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Is the child living with both parents? \_\_\_\_\_

If no, please indicate the status of the other parent with regards to guardianship/custody/access:

\_\_\_\_\_

\_\_\_\_\_

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

Religious denomination: \_\_\_\_\_

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

Date of baptism: \_\_\_\_\_

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

Where? \_\_\_\_\_

Please give names and phone numbers of the people who have permission to collect your child from school normally or in the case of School Emergencies/Sickness/Unexpected Closures

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**Family Doctor (Only if you wish)**

Doctor's Name \_\_\_\_\_ Telephone No: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Does your child 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  Yes  No

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

Diagnostic & Screening Tests are carried out in the school on all Children from Infants to 6<sup>th</sup> Class. I allow my child to do these tests.

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.

Has your child ever had a psychological assessment or speech & Language report?

Medical Emergency/Accident That in the event of an emergency or accident. I authorise, a member of staff to bring my child to a Doctor/Hospital.

I give permission to allow my child's photograph/image to be included in school-related activities, competitions, website etc. If this is against your wishes, please contact the school.

I acknowledge that I have received, read and accepted the School General Policy Booklet, which includes Code of Behaviour & Anti-Bullying Policy of Kilchreest N.S. Having discussed and explained same with my child and I agree to abide by same.

I consent for information provided on this enrolment form to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.

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

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

**Please provide a copy of your child's Birth Cert/Baptismal Cert if applicable.**

**Principal's signature:** \_\_\_\_\_

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

Birth Certificate received: Yes  No

Baptismal Certificate received: Yes  No  Not applicable