

St. Colman's N.S., Stradbally, Co. Laois



Enrolment form

Information supplied by parents on this form will be treated with complete confidentiality and sensitivity.

First Name _____ Last Name: _____

PPS number _____

Irish Version of Child's Name _____ Nationality: _____
(School will translate if desired)

Date of Birth _____ Religion _____ Place of baptism _____

Child's Home Address _____

Father's Name and address _____
(address if different from child)

Occupation: _____

Mothers Name and address _____
(address if different from chld)

Occupation: _____

Telephone Number Home _____ Work _____
(Mother) Mobile(s) _____

Telephone Number Home _____ Work _____
(Father) Mobile(s) _____

Is it necessary for school reports, notice of meetings, etc. to be sent to more than one address? Specify

Any Previous School Attended _____

Does any Legal Order under Family Law exist that the school should be made aware of?

Yes No

Name of Family Doctor

Do you give permission to take your child directly to hospital in case of illness or accident?

Yes No

Do you give permission for your child to take part in the Stay Safe & R.S.E. Programme?

Yes No

List any problems your child may have in relation to health (allergies, epilepsy, diabetes, asthma, sight, hearing, speech, fainting etc.)

Medical card Number _____ Have you attached a copy of Birth Cert (required for all pupils)

Any other useful information:

The school should be made aware of any court order which affects the child's welfare and also the name of any person into whose custody the child should not be given

The school should also be made aware of any medical/learning difficulty/emotional/psychological problems or concerns. If your child has any assessments it is necessary to supply a copy to the school and discuss with the Principal



Signed: _____ (Parent/Guardian)

_____ (Parent/Guardian)

Date: _____

Any information given is strictly confidential