

# 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*