

# 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.

CHILD'S SURNAME			
CHILD'S FIRST NAME		<i>Male</i>	<i>Female</i>
CHILD'S PPS No.			DATE OF BIRTH
COUNTRY OF ORIGIN		RELIGION	
ADDRESS (Primary Residence)			
MOTHER'S NAME :	<i>Mobile No.</i>	<i>Nationality</i>	<i>Occupation</i>
Email:			
FATHER'S NAME:	<i>Mobile No.</i>	<i>Nationality</i>	<i>Occupation</i>
Email:			
<b>EMERGENCY CONTACT DETAILS. Please make arrangements with 2 responsible adults (e.g. grandparents, aunts/uncles, close relations, neighbours) to act as emergency contacts in the event of the school not being able to contact you.</b>			
<b>NAME</b>	<b>RELATIONSHIP TO CHILD</b>	<b>PHONE NUMBER</b>	
1.		<i>Ph:</i>	
2.		<i>Ph:</i>	
HAS YOUR CHILD BEEN IN JUNIOR INFANTS BEFORE	<b>YES</b>	<b>NO</b>	
NAME, ADDRESS & PHONE NO. OF PREVIOUS SCHOOL OR PRE-SCHOOL			

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

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.)

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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

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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*