

St. Brigid's N.S.



Clonegal
Enniscorthy, Co. Wexford
Phone: 053 9377513
Roll No: 17514C
Email: clonegalns@gmail.com

Enrolment Form

Pupil's Name: _____
(As on Birth certificate)

Address: _____

Date of Birth: _____

PPS No: _____

Religion: _____

Telephone Number (Home): _____

Mother's Name: _____

Address: _____
(If not as above)

Occupation: _____

Telephone (Landline): _____ **Mobile:** _____

Telephone (Work): _____

Email: _____

Nationality: _____

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Father's Name: _____

Address: _____
(If not as above)

Occupation: _____

Telephone (Landline): _____ **Mobile:** _____

Telephone (Work): _____

Email: _____

Nationality: _____

Previous School/Pre-school attended by your child: _____

My child will normally be collected from school by: _____

Alternative contact details

This person may be contacted, or asked to collect your child, in the case of unforeseen circumstances if it is not possible to contact you - illness, unforeseen closure of school, etc.

Family Doctor: _____

Dr's Phone No: _____

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Medical/Health Problems

Does your child have any medical problems we need to know about?

Did your child reach developmental milestones during the normal age range?

Yes No

If there is any relevant information which would assist us when working with your child, please include it below:

Has your child been assessed by any of the following:

(If so, please give details and include any reports)

Speech Therapist Psychologist Occupational Therapist Other

Please read the following and tick the relevant boxes.

- School personnel may take my child to a Dr/Hospital in the event of a Health Emergency if it is not possible to make contact with Parents/ Guardians.
Yes No
- Attending Doctor may treat my child as necessary, if it is not possible to make contact with Parents/Guardians.
Yes No
- My child may participate in school activities/field trips/tours which are organised by the school or class teachers and which may necessitate leaving the school grounds.
Yes No

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- **My child's photographs may be included on the school website or in the Media – Child Protection Guidelines will be followed.**

Yes No

- **My child's written material may be included on the school website.**

Yes No

I will inform the school if my child suffers from any allergies or has any relevant medical conditions.

Signed: _____

I have read the school's Code of Behaviour and School Rules and agree to accept them as they relate to my child and I will encourage my child to follow school rules.

Signed: _____

I have read the school's Anti Bullying Policy and agree to accept it and will encourage my child to avoid all bullying behaviour and to report any incident when he/she feels he/she is being bullied.

Signed: _____

I give permission for my child to participate in the school's RSE (Relationships and Sexuality Education) Programme.

Signed: _____

I give permission for my child's details to be forwarded to the HSE re Immunisation Programmes, Sight & Hearing screening and School Dentist.

Signed: _____

Please include a copy of your child's Birth certificate. It will be photocopied and returned to you. If your child was baptised, please include a copy of his/her Baptismal certificate.

Parent's

Signature: _____ **Date:** _____