

Abbeylara NS Enrolment Form

Note: All forms must be completed in full and returned to the school, along with a Birth Certificate.

Name of Child (in full, as on Birth Certificate): _____

Address at which child resides: _____

Telephone No: _____

Date of Birth: _____

Nationality: _____ Country of Birth: _____

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

Mother's Nationality: _____ Father's Nationality: _____

***If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.**

Father's Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

Mother's Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

Guardian's Name: _____ Present employment: _____

Work telephone No: _____ Mobile No: _____

Is the child living with both parents? _____

Position of child in family (1st, 2nd, 3rd, 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? _____

At what age did your child begin to speak: _____

Does he/she speak well? _____

Has your child ever had a psychological assessment? _____

Has your child ever received a speech and language report? _____

Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine **please inform the school in writing.**

Person who usually collects child(ren)

Phone _____

Phone _____

Phone _____

Phone _____

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours. If there is any change in this regard or if there is any other information which you think may be relevant **it is very important that the school is informed immediately.**

Other relevant information: _____

School Emergencies/Sickness/Unexpected Closures, etc.

The following information will be used by the school in the event of:

- Your child feeling sick
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils
- An unexpected closure of the school.

If my child gets sick etc and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.

Person the school will contact:

1 _____	2 _____
_____	_____
_____	_____
Tel/mobile: _____	Tel/mobile: _____

Medical Emergency/Accident

That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may bring my child to a Doctor/Hospital if an emergency arises.

Signed (Parent/Guardian): _____

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?

It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies. 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?

Parental Consents

I consent to my child's participation in the Relationships and Sexuality Education Programme

Parents Signature: _____

Educational Screening Tests are carried out in the school on all children from Infants to 6th Class. I allow my child to do these tests.

Parents Signature: _____

During your child's time in St. Bernard's NS, it may be necessary from time-to-time for teachers to carry out diagnostic learning testing with your child on an individual basis, in order to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.

Parents Signature: _____

I give permission to allow my child to attend the Learning Support/Resource teacher if deemed necessary.

Parents Signature: _____

I give permission to allow my child's photograph/image to be included in school-related activities, school website, school magazine etc.

Parents Signature: _____

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, school immunisation team).

Parents Signature: _____

I acknowledge that I have received, read and accepted the Code of Behaviour, Anti-Bullying Policy, Substance Use Policy, Internet Use Policy and Relationships and Sexuality Education Policy of St. Bernard's NS.

Having discussed and explained same with my child as far as is practicable, I agree to abide by same.

I declare the above information to be correct and understand that it will be treated as confidential.

Signed: _____

Date: _____

Please ensure that you have included a Birth Certificate and Baptismal Certificate (if your child was Baptised) with this form. These documents will be photocopied and returned to you.

Birth Certificate received: Yes ☐ No ☐

Baptismal Certificate received: Yes ☐ No ☐ Not applicable ☐