



St. Paul's S.N.S., Ayrfield

Enrolment Form

Note: All forms must be completed in full and returned to the school.

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

Address at which child resides: _____

Date of Birth: _____ PPS No. _____

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.**

Mother's Name: _____ Present employment: _____

Mobile No: _____ Work telephone No: _____

Father's Name: _____ Present employment: _____

Mobile No: _____ Work telephone No: _____

***Email: _____ (this is a necessary requirement).**

Is the child living with both parents _____

Position of child in family (1st, 2nd, 3rd, etc) _____ Number of children in the family: _____

Religious denomination: _____

Has your child ever had a Psychological Assessment? _____

Has your child ever received a Speech and Language Report? _____

Current School: _____ Class: _____

Name of brother/sister in St. Paul's Senior School: _____

Class: _____



St. Paul's S.N.S., Ayrfield

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: _____

If my child gets sick, or the school has to close unexpectedly, 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/children to a Doctor/Hospital if an emergency arises.

Signed (Parent/Guardian) _____

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/children have an allergic reaction to medication or food?



St. Paul's S.N.S., Ayrfield

Please fill in **YES** or **NO** to the following :

- I give permission to allow my child's photograph/image to be included in school-related activities, competitions etc. and on school website.
- I give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as Department of Education and Skills, HSE (school nurse, doctor, dentist etc.).
- I give permission for all my child's relevant reports to be passed on to the school which they transfer to e.g. Secondary School.
- I give permission for my child to store books in class. I realise that the Board of Management can accept no responsibility in the event of loss or theft.
- I give permission for the school to contact me by text/email when necessary.

Signed (Parent/Guardian) _____

I wish to enrol my child (Name) _____

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

Signed (Parent/Guardian) _____

Date: _____