



## **Derrywash NS Enrolment Form**

Information supplied by parents on this form will be treated with complete confidentiality and sensitivity. If you wish to consult with us concerning information requested do not hesitate to contact the school

### **1. Child's Personal Details**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Irish Version of child's name: \_\_\_\_\_

Child's Nationality: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Child's Religion: \_\_\_\_\_

Please provide Baptismal Certificate if baptised anywhere other than Castlebar Parish

Medical Card No. \_\_\_\_\_

Child's PPS No. \_\_\_\_\_

Name and address of Pre-School:

\_\_\_\_\_

Name and address of previous Primary School (if applicable):

\_\_\_\_\_

\_\_\_\_\_

### **2. Parent/Guardian Information**

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Work No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Nationality: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email \_\_\_\_\_

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Work No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Please supply **one** mobile number for the school's text messaging service:

\_\_\_\_\_

Contact Name if parent is unavailable (minder, neighbour, etc)

\_\_\_\_\_

Contact Tel. (incl. mobiles): \_\_\_\_\_

Contact Address:

\_\_\_\_\_

School should be informed in writing if anyone other than above is collecting children.

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

\_\_\_\_\_

If so please specify;

\_\_\_\_\_

Does any legal order under family law exist of which the school should be aware?

\_\_\_\_\_

(if such an order exists please furnish copy of same)

Number of children in family: \_\_\_\_\_ Child's place in family: \_\_\_\_\_

Sibling(s) in the school at present: \_\_\_\_\_

Class: \_\_\_\_\_

**N.B. Please inform the school of any changes in address or telephone numbers.**

#### **4. Other information**

Has your child attended: Speech Therapy: \_\_\_\_\_ Occupational Therapy \_\_\_\_\_  
Child Psychologist \_\_\_\_\_ Other: \_\_\_\_\_  
(if so, please supply copies of relevant reports and name of professional attended)

Other Schools Attended : (if any) \_\_\_\_\_ Year: \_\_\_\_\_  
Class: \_\_\_\_\_  
(please supply school reports)  
School: \_\_\_\_\_ Year: \_\_\_\_\_ Class: \_\_\_\_\_

#### **Medical Information**

Does your child have any medical condition of which the school should beware?

---

(Allergies, Epilepsy, Asthma, etc)

Family Doctor: \_\_\_\_\_  
Tel. \_\_\_\_\_

#### **Medical Emergency**

In the event of your child being involved in an accident or needing medical attention during school hours, every effort will be made to contact you immediately. However, in the unlikely event that we cannot contact you or your family doctor, we will, with your approval seek the necessary medical attention.

I agree that in an emergency, the details of my child's medical history on this form be made available to the doctor/hospital. I authorise the doctor/hospital to administer whatever treatment they deem necessary.

#### **Internet Use**

We have an "Acceptable Use Policy" for internet use in our school.

In relation to the school website [www.derrywashns@gmail.com](mailto:www.derrywashns@gmail.com) I accept that, should the school consider it appropriate, my child's work may be chosen for inclusion on the website.

#### **Learning Support**

During your child's years in St. Joseph's N.S., Derrywash he/she may need extra educational intervention in Maths or English. To establish whether such a need for extra support arises, screening tests will be administered from time to time. To give permission for my child to be tested and receive additional help from the learning support team, should this be necessary. (Parents **will be notified and consulted if their child needs additional help**).

**Appointments:** We recommend parents keep in close touch with the school. Always inform the school of any difficulties your child is experiencing. To this end, please make appointments to see class teacher/principal through the school secretary, thus minimizing disruption of classes. Attendance at parent/teacher meetings and information days/evenings is essential.

**School Uniform:** The school uniform must be worn at all times, unless, on special occasions, otherwise agreed by class teacher.

In consultation with parents a **healthy eating policy** is in operation in our school. All children with the support of their parents/guardians are expected to comply with this policy. I have read and except the healthy eating policy.

A **Code of Behaviour** has been formulated to facilitate the successful running of the school. Children, teachers, parents and management body are expected to abide by this policy.

Signature of parent(s)/Guardian(s) \_\_\_\_\_

Date \_\_\_\_\_