

Registration Form

Please read form carefully, complete, sign and then return it to the school with a copy of the child's **full birth certificate**. If your child is a Catholic please supply a **baptismal cert.**, if he/she was baptised outside the parish.

Surname:	
First Name:	
Gender:	
Date of Birth:	
Full Address:	
Religion:	
Nationality:	
Child's Country of Birth:	
If not Ireland, year of arrival in Ireland:	
Brothers/ Sisters in this school Names:	Yes __ No __

Mother's First Name:	
Mother's Maiden Name:	
Mother's Surname:	
Mother's Country of Origin:	
Mother's Phone Numbers Home:	
Mobile:	
Work:	
Mother's Occupation:	

Father's First Name:	
Father's Surname:	
Father's Country of Origin:	
Father's Phone Numbers Home:	
Mobile:	
Work:	
Father's Occupation:	

Marital Status:	
Language spoken in Home:	

Name & Number of 2 people to be contacted in case of emergency.

Name	Number
1.	
2.	

Name & Address of Previous School (if any)	
School's Contact Number	
Principal's Name	
<u>(Please enclose any reports from previous national school)</u>	

Are there any medical conditions, which the school should be aware of?
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Has your child attended, is at present attending or has been recommended to attend any of the following:

Speech & Language Therapist	
Occupational Therapist	
Physiotherapist	
Other	
Have you had an educational assessment carried out on your child or is there one pending? If yes submit a copy of report to the school	
Have you any concerns regarding your child's behavior?	

Providing this information will inform the school of the resources/assistance your child may need

Other Relevant information:

In case of emergency I/we consent that _____ be brought to hospital/doctor by the Principal or other teacher in charge.

Name of Family Doctor: _____

Address: _____

Phone Number: _____

I/we give permission for _____ to be photographed as part of curricular activities, class photos, school production, D.V.D.'s etc.

Names and addresses to whom school reports should be posted;

Name: _____

Copy to Name: _____

Address: _____

Address: _____

Signature of Mother/Guardian _____ Date:

Signature of Father/Guardian _____ Date: