



**General Enrolment Form 2024**  
**Scoil Phádraig Primary School.**

**For Office Use Only**

Date form received: \_\_\_\_\_

**Please complete clearly and in full.**

**Pupil Information**    **Current Class** \_\_\_\_\_ **Class being applied for** \_\_\_\_\_ **Start Date** \_\_\_\_\_

First Name	
Surname	
PPS Number	
Date of Birth	
Nationality	
Religion	
Previous Pre-School/School	
Place of Baptism if relevant	
Doctors Name	Tel:
Number of Children in Family	
Position of Child in Family	
Name and class of brothers in this school.	1. 2.
Country of Birth	
Ethnicity	
Home Language	
Home Address and Eircode	

**Mother/Parent 1/Guardian 1 Information**

Name	
Address	
Nationality	
Occupation	
Contact Numbers	M: H: W:
Email:	

**Father /Parent 2/Guardian 2 Information**

Name	
Address	
Nationality	
Occupation	
Contact Numbers	M: H: W:
Email:	

**Other Information**

Are there any Medical Issues the school should be aware of?	<i>(if YES, please elaborate)</i>
Are there any Special Needs that the school should be aware of?	<i>(if YES, please elaborate &amp; supply copies of any relevant reports and assessments etc)</i>
Does any Legal/Court Order exist that the school should know of?	<i>(if YES, please elaborate &amp; supply the school with any relevant documentation)</i>
Is there any additional information the school should be aware of?	<i>(if yes please elaborate)</i>

### Permission to Collect/Emergency Contacts

Please give names, addresses and phone numbers of the people who have permission to collect your child from school. These contacts will also be used if your child gets sick, or the school closes unexpectedly and we cannot contact you. If there is any change in this information, please inform the school.

First Name	
Surname	
Contact Numbers	M: H: W:
Relationship to child	

First Name	
Surname	
Contact Numbers	M: H: W:
Relationship to child	

**Permission is required for the following. Please tick and sign below to give consent.**

I give permission for staff to bring my child to the doctor/hospital in an emergency.	
I give permission for my child to be treated for minor accidents e.g. cuts/grazes.	
I give permission for child and family details (name, address, parents details, ethnicity, religion, D.O.B. etc) to be given to agencies such as the Dept of Education, HSE (school nurse, doctor, dentist, speech and language therapists etc.) and future schools	
I give permission for teachers to carry out assessment/diagnostic testing on my child to support them in their educational development.	
I give permission for my child to attend the Learning Support teacher if necessary.	
I give permission for my child to attend the R.S.E. and Stay Safe programmes	
I give permission for my child's photograph/image to be included in school related activities, competitions, website etc.	
I give permission for my child to go to swimming, matches, school tours and other school related activities.	
I have read and agree to abide by the school's Code of Behaviour.	

**Signed (Parent/Guardian)** \_\_\_\_\_

- *I understand that the receipt of an enrolment form does not guarantee my child will be offered a place.*
- *I have enclosed copies of any relevant reports and assessments.*
- *I have enclosed a copy of my child's Birth Certificate with this enrolment form.*

**Signed (Parent/Guardian)** \_\_\_\_\_

**Date** \_\_\_\_\_

Scoil Phádraig  
Portarlinton,  
Co. Laois  
Roll Number: 17827A

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**Email:** info@stpatricksbns.ie  
**Web:** www.stpatricksbns.ie  
**Principal:** Mr Stephen Terry  
**Deputy Principal:** Mrs Mary Davis

