



**General Enrolment Form 2022**  
**Scoil Phádraig Primary School.**

**For Office Use Only**  
Date form received: \_\_\_\_\_

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

First Name	
Surname	
Date of Birth	
PPS Number	
Address and Eircode	
Nationality	
Country of Birth	
Ethnicity	
Home Language	
Doctor's Name and Number	
Religion	
Place of Baptism if relevant	
Previous Pre-School/School	
Number of Children in Family	
Position of Child in Family	
Name and class of brothers in this school.	1. 2. 3.

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

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

First Name	
Surname	
Nationality	
Employment	
Contact Numbers	M: H: W:
Email	

First Name	
Surname	
Nationality	
Employment	
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>
Is there any additional information/previous referrals the school should be aware of? e.g. Speech and language, occupational therapy, AIMS Reports or Psychological Reports.	<i>(if YES, please elaborate &amp; supply the school with any relevant documentation)</i>
Does any Legal/Court Order exist that the school should know 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** \_\_\_\_\_





