Scoil Chaitríona Naofa

Phone 046 9241425 email oristownns@gmail.com

ENROLMENT FORM

Pupil's Name: ……

Address: ……Eir Code: ……

E mail Address:……..

Date of Birth: ……Pupils P.P.S. No. ..…… Nationality: ……

Please attach copy of Birth Certificate

No. of Children in Family ……Position in Family i.e.-1st, 2nd,……

Any Previous School/Play School attended …….…….…….. No. of years:…… Class: ……

Religion: ……

Father's Name: ……..Mother's Name:…….

Mother's Maiden Name: ……..

Parents Occupations: Father: ……..Mother: ……..

Phone Nos. Home: ……...Work:……...

Mobile Nos: Mother:…… Father…….

Family Doctor: …….

Any Illness e.g. Heart Murmur, Epilepsy, Asthma, Allergies, or taking medication regularly e.g.

Inhaler etc. …….

Does your child have any special educational or physical needs? e.g. in relation to general health, speech, language, hearing or emotional or behavioural problems:……

…….....

Does your child have a psychological report? Yes ☐ No ☐

Has your child attended Speech Therapy? Yes ☐ No ☐

Does any legal order under family law exist that the school should know about?…….

Any Other Relevant Information: …….

To Be Signed By Parent/Guardian:

I have read the School's Code of Behaviour and Discipline and agree that my child will abide by this code.

Signed: …… Date:…….

Parent/Guardian