St. John's N.S. Kenmare

Bunscoil Eoin Naofa An Neidín

Tel: 064-6642598 / 064-6642300

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ENROLMENT REGISTRATION FORM

Private and Confidential

Child's Surname: _____ First Name: _____

Address: _____ Eir Code: _____

Date of Birth: _____ Male/Female: _____

(Please provide school with original Birth Certificate, which will be returned to you)

Child's PPS Number: _____

Nationality: _____ Language spoken at home: _____

Home Telephone Number: _____ Mobile No. for "text-a parent" _____

Religion: _____ e-mail address: _____

Do you consent to uploading data relating to Religion to POD? Yes No

Place of baptism (if applicable): _____

(Please provide school with Baptismal Certificate if applicable to First Communion and Confirmation).

Mothers Name: _____ Occupation: _____

Mothers Maiden Name: _____ Email: _____

Mothers Contact Number: _____

Fathers Name: _____ Occupation: _____

Fathers Contact Number: _____ Email: _____

Guardians Name (if applicable): _____ Guardians Contact Number: _____

Number of children in family: _____

Name and Class of siblings already in this school: _____

_____

Previous Preschool/school attended: _____

Classes completed in previous school: _____

Name and class of siblings attending any other school:_____

_____

Does your child have any specific medical condition or diagnosis?

_____

Does your child have a medical or educational report or is currently in the process of obtaining a report?

Yes No

Name of medical professional/organisation who wrote this assessment or is in the process of writing the assessment:

_____

(Please furnish the school with a copy of the report)

Does your child appear to have any difficulties with the following?

Hearing Yes ☐ No ☐ Speech Yes ☐ No ☐ Vision Yes ☐ No ☐

To which ethnic or cultural background group does your child belong? (Please circle)

White Irish Irish Traveller Roma Any other White Background

Black or Black Irish – African Black or Black Irish – Any other Black Background

Asian or Asian Irish – Chinese Asian or Asian Irish – Any other Asian Background

Other (incl. mixed background) No consent

Do you consent to uploading data relating to ethnicity to POD? Yes No

All of the above information is required for Primary Online Database (POD)

_____

Emergency Contact (if parents can not be contacted):

1st Contact Name: _____ Tel. No: _____

2nd Contact Name: _____ Tel. No: _____

Child's Doctors Name: _____ Tel. No: _____

Any other Medical information (e.g. illness, allergies):

_____

_____

The School should be made aware of any Court order which affects the child's welfare and also the name of any person into whose custody the child should not be given:

_____

I agree to co-operate with the staff and support the ethos of the school.

Signature 1: _____ Date: _____

Signature 2: _____ Date: _____