



# Scoil Náisiúnta Na Srónaille

## Shronell N.S Enrolment Form

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Male:

Female:

PPSN No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Religion: \_\_\_\_\_

### **Names of Parents / Guardians:**

Mother's Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of person other than parent available in case of emergency:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Phone No: \_\_\_\_\_



Other children in family: \_\_\_\_\_

Where the child comes in the family: \_\_\_\_\_

Name of pre-school previously attended: \_\_\_\_\_

Address: \_\_\_\_\_

Name(s) of Pre-school teacher / leader:



Details of the child's health record, medical condition or circumstances in the child's life as would touch on his/her participation, development, welfare or safety in school or that the school staff should be aware of e.g. allergies, accident, trauma, anxiety, behavioural or emotional issues, assessments, auditory/speech difficulties or others: \_\_\_\_\_

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Any relevant information about the child's

(a) Emotional development

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(b) Social development

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(c) Physical development

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Has your child had a psychological assessment?

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If so, please supply date and result

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Any other information relevant to your child's attendance at school

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Child's interests / strengths

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I give permission for my child's photograph to be taken for school purposes:

Yes  No

My child may participate in the Stay Safe Programme:

Yes  No

Medical Card Holder:

Yes  No

I give permission for my child to undertake Standardised and, if necessary, diagnostic testing:

Yes  No

I agree that if in the event of a child wetting / soiling him/herself, two members of school staff will provide appropriate duty of care and the parents / guardians will be contacted immediately to be made aware of the incident:

Yes  No

I give permission for my child to partake in trips outside school:

Yes  No

I give permission for my child to be brought to the hospital / doctor in the event of an emergency:

Yes  No



Please supply a birth certificate and a baptismal certificate if your child was baptised in another parish.

## **Medical Checklist at Enrolment into School**

**Do he / she have any medical conditions?**

No: \_\_\_\_\_ Yes : \_\_\_\_\_ (please give details)

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**Are he / she taking any medication at the moment?**

No: \_\_\_\_\_ Yes : \_\_\_\_\_ (please give details)

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**Do he / she have any allergies e.g. Penicillin or Hay Fever?**

No: \_\_\_\_\_ Yes : \_\_\_\_\_ (please give details)

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Name: \_\_\_\_\_ is in good health and has my permission to participate in extra curricular activities.

I give my permission to the Board of Management of Shronell N.S to act on my behalf to use their best judgement in case of a medical emergency and authorise all medical/surgical procedures advised by attending doctor/surgical personnel.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

**Signed:**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Guardian (s) \_\_\_\_\_