



Scoil Náisiúnta Srónaill

Transferring Enrolment Form to Shronell N.S

First Name: _____ Surname: _____

Male: Female:

P.P.S No: _____

Date of Birth: _____

Address: _____

_____ Eircode: _____

Email Address: _____

Religion: _____

Names of Parents / Guardians:

Mother's Name: _____ Maiden Name: _____

Place of work: _____

Father's Name: _____

Place of work: _____

Telephone Numbers:

Home: _____

Work: _____

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: _____

Name of school(s) previously attended by the child: _____

Address (es): _____

Date(s) of Admission: _____

Date(s) of Leaving: _____

Designation of class (es) from which he/she left: _____

Reason(s) for transfer: _____

Has the child missed time from school? _____

If so, for how long a period? _____

Reasons for absence: _____

What arrangements were there for the education of the child during the period of absence?

Results of any evaluations of the child's progress or inspector's report during that time:



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, toileting issues, auditory/speech difficulties or others:

Do you give a member of staff permission to administer first aid to your child in the case of minor injuries?

Yes: No:

Any relevant information about the child's

(a) Emotional development:

(b) Social development

(c) Physical development

Has your child had a psychological assessment? _____

If so, please supply date and result _____



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

Child's interests / strengths

I give permission for my child's photograph / video to be taken for school purposes/ website and Facebook page.

Yes No

My child may participate in the Stay Safe / RSE Programme.

Yes No

Medical Card Holder

Yes No

I give my 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 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 be brought to the hospital / doctor in the event of an emergency.

Yes No

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

Yes No



Medical Checklist at Enrolment into Schools

Does he/she have any medical conditions?

No: _____ Yes : _____(please give details)

Is he/she taking any medication at the moment?

No: _____ Yes : _____(please give details)

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

No: _____ Yes : _____(please give details)

Name: _____ is in good health and has my permission to
Participate in curricular activities.

As per GDPR regulation 2018, I give consent to Shroneil N.S to share, if necessary relevant information to outside agencies with whom we are obliged to disclose it i.e. Tusla, DES, Garda, NEPS, HSE, post primary school. YES NO

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

YES NO

Signed: _____
Parent/Guardian

Date: _____

Signed:

Mother: _____ Father: _____

Guardian (s) _____

