



# St. Paul's National School

St. Paul's N.S., Collooney, Co.Sligo | stpaulscollooney@gmail.com | 071-9130491

## Enrolment Form

Name of Child: \_\_\_\_\_

PPS Number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Religious Denomination:  
\_\_\_\_\_

**Parents'/Legal Guardians' Names:**

Parent/Guardian 1:  
\_\_\_\_\_

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

Contact Number: (preferably mobile)  
\_\_\_\_\_

Other Number: (eg. Work/landline)  
\_\_\_\_\_

Email address:  
\_\_\_\_\_

Name of Family Doctor:  
\_\_\_\_\_

Telephone Number:  
\_\_\_\_\_

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

Gender: Male/Female

First Language: \_\_\_\_\_

Intended School Class: \_\_\_\_\_

Parent/Guardian 2:  
\_\_\_\_\_

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

Contact Number: (preferably mobile)  
\_\_\_\_\_

Other Number: (eg Work/Landline)  
\_\_\_\_\_

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

Position of child in Family: \_\_\_\_\_

Any Previous School Attended: \_\_\_\_\_  
\_\_\_\_\_

**Give Details of any health conditions (eg. Asthma, eyesight, hearing, allergies, physical disabilities etc) or emotional challenges, which may affect your child at school:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Detail any specific needs or educational needs your child may have:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does any legal order under family law exist that the school should be made aware of?** \_\_\_\_\_

The school should be made aware of any court order which affects the child’s welfare. The school should be given the name of any person/persons into whose custody the child should **not** be given. A custody court order must accompany this form, if such exists.

**Do you give consent for photos of your child to be used on our school website, in local newspapers, on school notice boards, or as the school deems appropriate?**  
YES \_\_\_\_\_ NO \_\_\_\_\_

**In case of Emergency**

(a) In the event of an emergency occurring while the school is in operation, it may be necessary to close the school. In such an emergency, it is vital that the children can be returned home safely. In order to help the school plan for such an event, please supply us with alternative contact details if you cannot be reached.

1. Name: \_\_\_\_\_ Relationship to pupil: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to pupil: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

(b) In the event of your child having a serious accident at school, do you give your consent to be brought directly to the hospital?  
YES \_\_\_\_\_ NO \_\_\_\_\_

(c) In the event of your child becoming ill at school, and there is no-one at home, do you give your consent to contact one of the above mentioned people to collect your child? (If ‘NO’, please indicate your preferred alternative arrangements in a separate letter)  
YES \_\_\_\_\_ NO \_\_\_\_\_

**Signed:** \_\_\_\_\_  
**Parent/Guardian 1**

**Signed:** \_\_\_\_\_  
**Parent/Guardian 2**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_