Enrolment / Admission Form



St Augustine’s N.S

Murrisk

Westport

Co Mayo

Phone 098 64878 / email murriskns@gmail.com

NAME: …………………………………………………………….…………………………………………………………….

DATE OF BIRTH: …………………………………….…………………………………………………………………….

P.P.S. NUMBER: ………………………………….………………….. Available from Dept. Social Welfare

GENDER: ……………………………………………… RELIGION: ………………………………………………….

AGE AT SCHOOL ENTRY: …………..……………………………………………………………..

ADDRESS: ………………..………………………………………………………..

……………………..…………………………………………………..

FATHERS NAME & OCCUPATION: …..…………………………………………………………………………..

MOTHERS NAME & OCCUPATION:….…………………………………………………………………………..

TELEPHONE NUMBERS - HOME: …….. ……………………………….……………………………………….

MOTHER: …………………………….………………………………………………….

FATHER: ………………………………………………………………………………….

CHILDMINDER – Name & No: ……………………………………………………………………………………..

NAME OF NURSERY/PLAYSCHOOL IF ANY: ……………………………………..……………………..

Contact person in Nursery and contact no: …………………………………..…………………………………

NUMBER OF YEARS IN NURSERY / PLAYSCHOOL: …………………….………………………………

TOTAL NUMBER OF CHILDREN IN FAMILY: ………………………….………………………………..

PLACE IN FAMILY: ………………………… No. of Siblings in School: …………………………………..

Classes of siblings in school : ..………………………………………………………………..

RELEVANT MEDICAL DETAILS OF WHICH THE SCHOOL SHOULD BE AWARE:

………………………………………………………………………………………….……………….………………………

…………………………………………………………………………………………………..………………………………

FAMILY DOCTORS NAME: ………………..……………………..………………………………………………..

DOCTORS TELEPHONE NUMBER: ……………………………..……………………………………………..

HAS YOUR CHILD BEEN DIAGNOSED WITH ANY BEHAVIOURAL PROBLEMS THROUGH FORMAL ASSESSMENT? (If YES please give details)

……………………………………………………………………………………………………………….………………….

………………………………………………………………………………………………………….……………………….

NAMES OF PERSONS WHO HAVE PERMISSION TO COLLECT CHILD AT HOME TIME (1.30pm):

…………………………………………………………………………….……………………………………………………..

………………………………………………………………………………….……………...………………………………..

………………………………………………………………………………..……………..…………………………………..

* If someone other than a parent / childminder is collecting a child occasionally please send a note in child’s homework diary.
* In the event of an emergency where it is deemed necessary to acquire medical attention / intervention, the nearest doctor or an ambulance will be called.
* If enrolling in any class other than Junior Infants please attach teacher’s reports from previous school.

During your child’s time at school, his/her photo may be taken during school activities and printed in the local press/social media. Under Child Protection Guidelines, permission must be sought from parents/guardians before a child’s photo is taken.

Please tick one box below and return to the school at your convenience.

I **give** permission for my child’s photo to be taken on any school occasion.

I **do not** give permission for my child’s photo to be taken on any school occasion.

Please attach a copy of Birth Cert

when returning this completed form.

See attached: Enrolment Policy.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_