**Enrolment Form**

**Please complete and return along with a copy of the child's Birth Certificate**

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| **Section 1: Student**Child's name in full (as on birth certificate)……………………………………………………………………………………………………………..Gender………………………………………Child's P.P.S number……………………………………………….. Date of Birth……………………………………………………………..Nationality…………………………………………….. Year child is to start in Scoil Dairbhre…………………………..

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| Yes |

Country of birth……………………………………..Religion………………………………………………….. Baptised? please tick

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| No |

Previous school or Playschool attended………………………………………………………………………………………………………………….Child's Doctor's name……………………………………………………….. Doctor's telephone number……………………………………**Parent 1 name** …………………………………………………………………………. Occupation………………………………………………Email………………………………………………………………………………………………… Phone no………………………………………………… Address……………………………………………………………………………………………………………………………………………………………….. Eircode….....................................................**Parent 2 name** ………………………………………………………………………….. Occupation…………………………………………….Email………………………………………………………………………………………………….. Phone no………………………………………………. Address…………………………………………………………………………………………………………………………………………………………………. Eircode……………………………………………………. |

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| **Section 2: Family**Name of brothers/sisters in the school:……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..Place of child in the family………………………………………………………………….Address at which child resides ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Does any legal order under family law exist that the school should know of ? ........................................................................................................................................................................................……………………………………………………………………………………………………………………………………………………………………………….Is it necessary for school reports, notice of meetings, information etc to be sent to more than one address, phone number or email ?........................................ If yes, please give name, address ,phone number and email of that person…………………………………………………………………………………………………………………………………………………………….. ……………………………………………………………………………………………………………………………………………………………………….. ……………………………………………………………………………………………………………………………………………………………………… |

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| **Section 3: Emergency Contacts (in the event of both parents/guardians being unavailable****Contact 1 Name**……………………………………………………………………………. Mobile………………………………………………………… Email…………………………………………………………….**Contact 2 Name**……………………………………………………………………………. Mobile……………………………………………………….. Email……………………………………………………….. |

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| **Section 4:** | Yes | No |
| Did your child attend the Early Intervention Services ? If so, please attach reports |  |  |
| Has your child ever had a psychological assessment ? If so, please attach reports |  |  |
| Has your child ever received a Speech and language report ? If so, please attach reports |  |  |
| Has your child ever had an Occupational Therapy Report ? If so, please attach reports |  |  |
| Does your child have any health related problems ? ( allergies ,epilepsy ,diabetes, asthma, fainting etc) If yes please give details. |  |  |
| Does your child have any difficulties with hearing ? |  |  |
| Does your child have any difficulties with speech ? |  |  |
| Does your child have any difficulties with vision ? |  |  |
| Does your child have any issues socially or behaviourally that the school should know about ? |  |  |
| Are there any medical reports we should be aware of ? |  |  |
| Any further information from the questions above or anything else we should know ? Please write below |  |  |

**I/we wish to enrol my child ………………………………………………………………………………………………………………………………..**

**I/we declare the above information to be correct and understand that it will be treated as confidential.**

**Signed :**

**Parent/guardian 1 …………………………………………………………………………………. Dated…………………………………………..**

 **Parent/guardian2 ………………………………………………………………………………… Dated…………………………………………..**