



School Enrolment Form

Note: All forms must be completed in full and returned to the school, along with a Birth Certificate. Completion of this form does not guarantee your child a place in the school.

Name of Child (in full, as on Birth Certificate)

Address at which child resides:

Telephone No:

Date of Birth: _____

PPS Number: _____

Nationality: _____ Country of Birth:

If not born in Ireland, date on which child arrived in Ireland:

Mother's Nationality: _____ Father's Nationality:

***If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.**

Father's Name: _____ Occupation:

Work telephone No: _____ Mobile No:

Mother's Name: _____ Occupation:

Work telephone No: _____ Mobile No:

Guardian's Name: _____ Occupation:

Work telephone No: _____ Mobile No:

Position of child in family (1st, 2nd, 3rd, etc) _____ Number of children in the family:

Religious denomination: _____

Scoil Náisiúnta Chiaráin Naofa
Stoneyford,
Co. Kilkenny



If your child was baptised please state where it took place:

Date of baptism: _____

Did you child attend preschool: _____ For how long: _____

Where? _____

Has you child ever had a psychological assessment?

Has your child ever received a speech and language report?

Name of brother/sister in this school: _____

Class: _____

Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine **please inform the school in writing.**

Person who usually collects child(ren)

_____	Phone _____

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours. If there is any change in this regard or if there is any other information which you think may be relevant **it is very important that the school is informed immediately.**

Other relevant information:

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School Emergencies/Sickness/Unexpected Closures, etc.

The following information will be used by the school in the event of:

- Your child feeling sick
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils
- An unexpected closure of the school.

If my child gets sick, or the school has to close unexpectedly, etc and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.

Person the school will contact:

1 _____ 2 _____

Tel/mobile: _____

Tel/mobile: _____

Signed (Parent/Guardian)

List of Children _____

Family Doctor (Only if you wish)

Doctor's Name _____ Telephone No: _____

Do your child/children have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school?

It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies. Do your child/children have an allergic reaction to medication or food?

Is there any other relevant information about your child/children which we should know?

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I acknowledge that I have received, read and accepted the Code of Behaviour of Scoil Náisiúnta Chiaráin Naofa. In registering my/our child as a student in Scoil Chiaráin Naofa that this implies a full acceptance of the rules of the school as outlined in the School Code of Behaviour. As a partner in the education of my child I recognise the need for me/us to do my/our utmost to support the work of the school. I also accept the internet usage policy and iPad usage policy.

I wish to enrol my child _____

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

Signed:

Date: _____

Please ensure that you have included a Birth Certificate with this form. This document will be photocopied and returned to you.

If your child has been baptised and intends to make his/her Holy Communion and Confirmation then you must provide a baptismal Certificate

Birth Certificate received: Yes No

Baptismal Certificate received: Yes No Not applicable

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To be completed if your child is transferring from another Primary School

Previous School:

Address:

Telephone:

What class was your child in when he/she left the school?



Reason for Transfer:

Have you enclosed a copy of the most recent school report and attendance record? Yes No

N.B. All forms: must be completed in full and returned to the school before a new pupil will be enrolled in the school. Proof of address must accompany application.

Note: We require reports from previous schools in order to meet the needs of your child.

Give details of any health conditions (e.g. asthma, eyesight, hearing, allergies, etc.) or emotional problems which may affect your child at school

Has your child any physical or mental disabilities? If so are there any specific equipment/resources that the school will require for your child?
