



# Scoil Éanna, Béal Átha Beithe.



## Registration Form

### Child's Details

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ PPS Number \_\_\_\_\_

Address \_\_\_\_\_ Eircode \_\_\_\_\_

Male / Female (please circle) Religion \_\_\_\_\_ Received Baptism Yes / No (please circle)

Nationality \_\_\_\_\_ Number of children in family \_\_\_\_\_ Child's place in family \_\_\_\_\_

### Parent(s)/Guardian(s) Details

Name \_\_\_\_\_ Name \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Phone no. \_\_\_\_\_ Phone no. \_\_\_\_\_

Mob no. \_\_\_\_\_ Mob. no. \_\_\_\_\_

Work no. \_\_\_\_\_ Work no. \_\_\_\_\_

Mobile no. for text-a-parent \_\_\_\_\_

1<sup>st</sup> contact if parent is not available: Name \_\_\_\_\_ Phone no. \_\_\_\_\_

Relationship to child \_\_\_\_\_

2<sup>nd</sup> contact if parent is not available: Name \_\_\_\_\_ Phone no. \_\_\_\_\_

Relationship to child \_\_\_\_\_

### Additional Details

Name and address of **pre-school** or **previous school** child attended \_\_\_\_\_

Phone no. of **pre-school** or **previous school** \_\_\_\_\_

In the unlikely event of an emergency we may need to take your child to the nearest doctor/dentist/hospital or other.  
Do you give us permission to do so? Yes No (please circle)

Has your child any allergies?                      Yes                      No                      (please circle)

If yes, please give details: \_\_\_\_\_

Does your child appear to have any difficulty with the following?                      (please circle)

Hearing:                      Yes                      No

Vision:                      Yes                      No                      Speech:                      Yes                      No

Has your child ever had any type of assessment?                      (please circle)                      Yes                      No

If yes, please give details \_\_\_\_\_

*Do you give us permission regarding your child for the following:*                      (please circle)

To go on school trips under teacher supervision e.g. nature walks to town park, local historical buildings, the Church, etc and travel there on foot or by car/bus?                      Yes                      No

Pass contact details to the HSE for e.g. immunisation purposes, or to sporting bodies?                      Yes                      No

To publish photographs, DVD recordings and schoolwork of pupils in the print media and on the school website or Facebook page?                      Yes                      No

I/We agree to the terms of the Acceptable Use Policy (AUP) and grant permission for my child to access the Internet. I/We understand that Internet access is designed for educational purposes. I/We also understand that the school cannot be held responsible if pupils access unsuitable websites, but that every reasonable precaution has been taken by the school to provide for online safety.

I/We agree to co-operate with and support the school's Code of Behaviour as well as other policies that are in place.

Parent(s) Signature(s) \_\_\_\_\_

**Please inform school if your contact details change, as soon as possible.**

**For Office Use Only**

Date of Enrolment \_\_\_\_\_

Registration Number \_\_\_\_\_

Ainm Trí Gaeilge \_\_\_\_\_