

School Enrolment Form

Kilrickle N. S.

Kilrickle, Loughrea, Co. Galway

Roll No: 16293H



Tel: 091-843363

E-mail: kilricklens@gmail.com

Web: www.kilricklens.org

Child's Forename (as per birth cert): _____

Child's Surname (as per birth cert): _____

Child's Date of Birth: _____ **P.P.S. Number:** _____

Father's Name: _____

Mother's Name: _____ **Maiden Name:** _____

Home Address: _____

Nationality: _____ **Religion:** _____

Contact Numbers: Home Tel: _____ **email:** _____

Mother's Mobile: _____ **Father's Mobile:** _____

Work Contact: _____ **Work Contact:** _____

Family Doctor: _____ **Contact Number:** _____

Relevant medical information?

E.g. asthma, epilepsy, seizures, allergies, hearing, eye sight, etc...

Do you have any concerns regarding your child?

E.g. In the areas of speech, language, behaviour etc...

Has your child been referred to a:

Psychologist / Speech & Language Therapist or any other therapist/agency?

If so, please give details.

Montessori / Playschool / Crèche / Previous school attended & address:

Is your child living with both parents? Please circle: Yes / No

If there is a court order or specific custody arrangements in place the school must be informed.

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

Signature of parent(s) / guardian(s):

Date: _____

Principal's signature: _____ **Date:** _____



We always value and welcome the support of parents with school activities. If you are interested in sharing your talents with our school, please jot down your area of expertise. (E.g. art, gardening, music, sport, I.T. knitting, cookery, etc...)
