

School Enrolment Form

Kilrickle N. S.

Kilrickle, Loughrea, Co. Galway

Roll No: 16293H



Tel: 091-843363

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Child's Details

Child's Forename (as per birth cert):		Child's Surname (as per birth cert):	
Child's Date of Birth:		P.P.S. No:	
Home Address:	Gender:		M <input type="checkbox"/> F <input type="checkbox"/>
	Nationality		
	Language Spoken at Home:		
Eircode:		Religion:	

Parental Details

Mother's Name:	Father's Name:
Maiden Name:	
Home Tel:	Home Tel:
Mother's Mobile Tel:	Father's Mobile Tel:
Work Contact Tel:	Work Contact Tel:
Mother's e-mail:	Father's e-mail:

Is your child living with both parents?

Yes No

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

Yes No **Copies provided to school:** Yes No

Please give names, addresses and phone numbers of the people who have permission to receive correspondence about your child if different from above

or

collect your child from school (In the event of an emergency or otherwise e.g. child minder, relative, etc...)

If there is any change in this routine please inform the school in writing.

Name:			
Address:			
Phone Number:			
Relationship with child:			
Receive Correspondence	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical Details

Family Doctor:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:	Relevant health / medical concerns for child: Examples: Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Epilepsy <input type="checkbox"/> Seizures <input type="checkbox"/> Hearing <input type="checkbox"/> Eye sight <input type="checkbox"/> Other <input type="checkbox"/>	If Yes please specify:
Contact No:		

Medication to be administered / Procedures to follow (for particular illness):

Educational Details

Previous Educational Setting	Preschool <input type="checkbox"/>	Previous Primary School <input type="checkbox"/>
Name:		
Address:		

Has your child attended/been referred to with any of the following?

Occupational Therapist	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Psychiatrist:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Physiotherapist:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Paediatrician:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Educational Psychologist:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Speech & Language Therapist	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Clinical Psychologist:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Other	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

If Yes, please give details and dates:

*****Please include all available reports and assessments with this enrolment form in order for us to access supports where possible/appropriate for your child*****

Other than those outlined above, do you have any other concerns regarding your child's overall development?

Social & Emotional Development	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Speech & Language Development	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Sensory Behaviour:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Co-ordination & Independence Skills	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Visual / Hearing Development:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Other:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

If Yes, please give details below:

I/We will contact the school should there be a change of family circumstances that effect the emotional and/or educational development of my/our child.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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I/We have completed and returned the school Parental Consent Form with this application.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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I/We have been directed to/received the school's Data Protection Policy	Yes <input type="checkbox"/> No <input type="checkbox"/>
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I declare that the above information to be correct and understand that it will be treated as confidential.

Signature of parent(s) / guardian(s):	Principal's signature:
Date:	Date: