St. Peter's Primary School
Enrolment Form 2018/19

General Information on Child

Child's First Name:	Surname: Male/Female:
PPS Number:	Date of Birth:
Nationality of Child:	Religion:
Home Address of Child:	
Home Phone Number:	Parish:
Playschool/School presently attending:	

Class your child to be enrolled: **Junior Infants** ☐ **Senior Infants** ☐ **1st Class** ☐ **2nd Class** ☐ **3rd Class** ☐ **4th Class** ☐ **5th Class** ☐ **6th Class** ☐

Sisters/Brothers currently in the school: **Tick (✓) Yes** ☐ **No** ☐ **Name of siblings:**

Sisters/Brothers previously in the school: **Tick (✓) Yes** ☐ **No** ☐ **Name of siblings:**

General Information on Parents

Father	*Mother*
Name:	Name:
Address (if different from child's):	Address (if different from child's):
Mobile No:	Mobile No:
Employment:	Employment:
Work No:	Work No:

Are there any Custody/Separation/Collection issues regarding your child? **Tick (✓) Yes** ☐ **No** ☐
(If so please enclose any relevant documentation or write a note below)

Relevant Health Information

Medical Conditions: Allergies:

(Please give a more detailed description on the back of this form i.e Medication, etc or attach a doctor's report)

Family Doctor's Name:	Doctor's Phone Number:

Emergency

Should we fail to contact you in case of an emergency, please provide us with an alternative contact below
Contact Name: Relationship to Child (eg Neighbour) Phone Number:

In the event of an emergency, should we fail to contact you, do you give the school permission to take your child to the hospital? **Please tick (√) Yes** ☐ **No** ☐

Communication/Permission

We regularly text parents to inform them of school events etc. Please write down **ONE** number that you would like us to text with this information: **Mobile Number:**

Do you give us permission to take your child on local trips? Examples of these would include the church, library, park, sporting event etc. Children will always be back before the end of the school day.
Tick (✓) Yes ☐ **No** ☐

Do you give us permission to use student's photos on social media: school blog, website, twitter, newspapers, in the community, etc.? Please tick: **Tick (✓) Yes** ☐ **No** ☐

Has your child ever had a speech & language or any other assessment from HSE, Lucena Clinic, etc.?
Tick (✓) Yes ☐ **No** ☐ **(if Yes, please provide the school with a copy)**

Parents/Guardians signature: **Date:**

This Application *MUST* be accompanied by the *ORIGINAL* Birth, Baptismal Certificate and Utility Bill/Bank Statement (proof of address)**. The school will make a copy and return the originals.**

Relevant Health Information

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For Office Use Only

Date application received: _____

Birth Certificate received ☐ Baptismal Cert received ☐ Proof of address ☐

Any other information: _____

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