



# Carriganima National School, Carriganima, Macroom, Co. Cork P12 DW92

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## Enrolment Form for \_\_\_\_\_ (Year)

Child's Name: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Child's PPS Number: \_\_\_\_\_

Religion: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child's Nationality: \_\_\_\_\_

Eircode: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Mobile No: \_\_\_\_\_

Father's Mobile No: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Class Enrolling For:

Doctor's Phone Number: \_\_\_\_\_

Junior Inf  Senior Inf  1<sup>st</sup> Class  2<sup>nd</sup> Class

Medical Card Holder? Yes  No

3<sup>rd</sup> Class  4<sup>th</sup> Class  5<sup>th</sup> Class  6<sup>th</sup> Class

Name and phone number of person to be contacted in case of emergency – if parents cannot be contacted:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Do you agree to have your child treated by school staff for minor cuts, scratches/bruises? Yes \_\_\_ No \_\_\_

Has your child attended a Pre-school? Yes \_\_\_ No \_\_\_

Previous Primary School attended (Name) \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Is your child allergic to penicillin/medication/food/other? Yes \_\_\_ No \_\_\_

If yes, please indicate: \_\_\_\_\_

Please list any other illnesses which should be made known to the school: \_\_\_\_\_

Name and contact number of any person who has permission to collect your child during school hours:

\_\_\_\_\_

Any further information that you consider of relevance: \_\_\_\_\_

In order for the school to put in place the best resources for your child's education from the start of the school year, we require the following information: Has your child ever had an assessment with any of the following? No  Yes

Please TICK: Speech & Language Therapist  Psychologist  Occupational Therapist  Counselling/Therapy  Other  If you ticked any of the above, please give details:

Enclosed is Child's Birth Certificate  Baptismal Certificate (needed **only** if child is baptised outside the Parish)

Please tick **only one box** below

### **PHOTOGRAPHIC IMAGES & SCHOOL PROMOTIONS:**

**I give permission**  **I do not give permission**  to use photographs of my child (**with other children**) in publicity material (i.e. School website / Lee Valley Local Magazine / FaceBook & Twitter / School Promotion Brochure)

Parents / Guardians Signature: \_\_\_\_\_

Date: / /