



# Gaelscoil Aodha Rua Registration Form 2017

Name of child \_\_\_\_\_

Class \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Name(s) of parent(s) or guardian(s)

\_\_\_\_\_

\_\_\_\_\_

Parental Contact Details:

Home telephone number \_\_\_\_\_

Mobile telephone no's \_\_\_\_\_

& \_\_\_\_\_

Preferred mobile number for  
school texting service

\_\_\_\_\_

E-mail addresses

\_\_\_\_\_

\_\_\_\_\_

Please indicate if you would like the school to use the Irish / English language version of your child's name. Please ✓ one box.

English

Irish

**Medical Information**

Name of Doctor \_\_\_\_\_

Doctor's Telephone Number \_\_\_\_\_

Please detail any relevant medical information.

Please tick the box below if you would like to arrange a meeting with the principal / class teacher to discuss any medical or child protection issues.

**Additional Information**

Please provide any additional information regarding your child or your family circumstances, that you would like us to consider in the education of your child.

**Please be assured that any information detailed by you on this form, will remain confidential and will only be disclosed to the school Principal and your child's class teacher.**

Parental Signature \_\_\_\_\_

Date \_\_\_\_\_

