

Galbally NS Enrolment Form

Child's Name

Address (incl Eircode)

Date of Birth **Religion**

CHILD'S PPS NO
(as required by Department of Education for inclusion on Primary Online Database)

Parents / Guardians Name

Father..... **Mother**.....

Contact Numbers

Father..... **Mother**

Please note that all correspondence will be sent to child's address above, unless otherwise informed. Please contact the school if you wish both parents/guardians to receive notification regarding Parent/Teacher meetings, reports etc.

Mobile number to receive school text messages

Person to contact if both parents are not available

Relationship to child (e.g. grandparent, minder etc.)

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Previous school attended (if any)

Preschool attended:

In order to have the necessary resources in place for your child we need to have the following information:

Does your child suffer from any illness, or on any medication? If so give details
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Does your child have any known allergies?.....

Special Needs - Has child attended a) Speech Therapist (b) Occupational Therapist (c) Psychologist (d) Counselling (e) Other . If yes to any of these please give details below
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Is your child **exempt from Irish**, if so please state reason:

Signed _____
(Parent / Guardian)

(N.B. This information will be treated in the strictest confidence).