

Roundwood, Co. Wicklow. Tel/Fax: 01 281 8399 | Email: roundwoodns@gmail.com | Web: roundwoodns.ie

ENROLMENT FORM o	<u>f New pupil: Year 20 / 20</u>
<u>Class enrolled for (please circle</u> Special Class, Junior Infants, Se	enior Infants, 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , 6 <sup>th</sup> class
	First name Second name
SURNAME:	
DATE OF BIRTH:	
CHILD'S P.P.S. NUMBER:	( <u>MUST</u> be submitted as we are obliged cation & Skills Online Database)
ΕΛΤΉΕΡ'ς ΝΑΜΕ·	
MOTLED'S NAME.	
MAIDEN SURNAME:	
HOME ADDRESS:	EIRCODE:
PHONE NUMBERS: (1) Home	(2) Mothers Mobile
Fathers Mobile	(4) Email
(5)Emergency Contact Name & Num	ber:
NATIONALITY	LANGUAGE/S SPOKEN
RELIGIOUS DENOMINATION:	
DATE & PLACE OF BAPTISM:	
ANY PRESCHOOL, PREVIOUS SCHOOLS	ATTENDED:
ADDRESS OF PREVIOUS SCHOOL:	

PHONE OF PREVIOUS SCHOOL:

PUPIL'S CLASS IN PREVIOUS SCHOOL:

NAME OF FAMILY DOCTOR:

ANY ILLNESS/SPECIAL NEED WE SHOULD KNOW ABOUT:

DO YOU GIVE PERMISSION TO GET YOUR CHILD STRAIGHT TO HOSPITAL IN CASE OF SERIOUS ILLNESS OR ACCIDENT AFTER TRYING TO CONTACT ABOVE: \_\_\_\_\_

DO YOU GIVE PERMISSION FOR YOUR CHILD TO TAKE PART IN THE <u>STAY SAFE</u> PROGRAMME? Please see <u>www.staysafe.ie</u>

DO YOU GIVE PERMISSION FOR YOUR CHILD TO TAKE PART IN THE <u>RELATIONSHIP &</u> <u>SEXUALITY</u> PROGRAMME\_\_\_\_\_

(Please see school RSE Policy on roundwoodns.ie

WILL YOUR CHILD BE TAKING PART IN RELIGIOUS CLASS, RELIGIOUS FESTIVALS, THE SACRAMENTS AND OCCASIONAL MASS ATTENDANCE FROM SCHOOL: YES IN 0

DOES ANY LEGAL ORDER EXIST UNDER FAMILY LAW THAT THE SCHOOL SHOULD KNOW ABOUT? YES INO I

## IF YES, PLEASE ISSUE SCHOOL PRINCIPAL WITH COPY OF ORDER

The school should be made aware of any Court Order which affects the child's welfare and also the name of any Person into whose custody the child should NOT be given. *Copy of Order to be given to the Principal* 

YOU MUST ATTACH COPY OF BIRTH CERT:

A Copy of Baptismal Cert will be required on enrolment if your child is receiving the Sacraments.

## ANY OTHER USEFUL INFORMATION:

For instance, list any problems the child may have in relation to health, (allergies, epilepsy, asthma, sight, hearing, speech, fainting etc.) toilet training, inability to cope with buttons, laces, etc.

Sometimes journalists visit our school to take pictures of the children e.g. awards/prizes, sporting events, first day at school etc. Do you give your permission for this YES I NO I

The Board of Management <u>Cannot</u> be held responsible for pictures/videos taken by parents at school events. Please ask the Principal before taking photos/video clips.

I/We have received a copy of "Information Book for Parents" & the Code of Behaviour & Discipline Policy I/We will co-operate with the staff and support the ethos and rules of the school according to its Policy

SIGNED: \_\_\_\_\_

DATE:\_\_\_\_\_

The Information given is for school use. The **HSE** asks us to supply the name and address of children for Dental treatment, Eye tests, Hearing tests and Innoculations.

Do you agree to this: Yes 🛛 No 🛛