



Ath Dara, Co. Luimní  
Scoil Naomh Iósaf  
Adare Boys N.S

*Enrolment form*

Pupil's Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

PPS no. \_\_\_\_\_

Tel. No. (home): \_\_\_\_\_

Father's work no. \_\_\_\_\_ Mobile no. \_\_\_\_\_

Mother's work no. \_\_\_\_\_ Mobile no. \_\_\_\_\_

E-mail address: \_\_\_\_\_

Childminders Telephone no. (where appropriate) \_\_\_\_\_

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

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

Mother's occupation: \_\_\_\_\_

Father's occupation: \_\_\_\_\_

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

Total no. of children in the family: \_\_\_\_\_

Place in family: \_\_\_\_\_

No. of siblings in school: \_\_\_\_\_ Classes: \_\_\_\_\_

Right handed: \_\_\_\_\_ Left-handed: \_\_\_\_\_

Please give details and specify any condition, which might be considered to effect child's ability to benefit from school \_\_\_\_\_

Medicine: Please give details if medication is to be taken in school.  
\_\_\_\_\_

Is there any other information we should know? \_\_\_\_\_

**Consent Form:**

In the event of an emergency I the parent not being available for contact give permission to the teacher to deal with the situation accordingly (the child soiling himself, falling, needing medical attention)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_