## **Ballintubber National School**

## **Enrolment Form**

Name of Child:
Child's name and surname in Irish (If known)
Home Address:
E-mail address:
Eircode:
PPS Number: (available from Dept. Of Social and Family Affairs)
Date of Birth: Gender:
Birth Certificate enclosed, Yes No
Age at school entry years andmonths
Number of children in family:
Child's place in family:, eg only child, 1st of 3 etc.
Nationality:
Previous Education (Pre-School or school)
Number of years attended:
Religious denomination:
Date and Place of Baptism:
Baptismal Certificate enclosed, Yes No
Name and phone number of Child's doctor:

<ul><li>Occupational Therapy:</li></ul>	Yes	No	
<ul><li>Speech Therapy:</li></ul>	Yes	No	
<ul><li>Psychological Services:</li></ul>	Yes	No	
If so give details:			
Any information about your chearing, allergies, behaviour enamer?	nild's ger	•	•
If so please give details:			
Are they on any medication th			
Father's name:			
Address:			
Phone No: Home:	W	ork:	<del></del>
Mobile:		_	
Father's Occupation:			
Mother's name and maiden na			
Address:			
Phone No: Home:		Work:	
Mobile:			
Mother's occupation:			

Have you used any of the following services for your child?

Preferred mobile number for Text-a-parent:				
Name of person to be	contacted if parents are not available:			
Contact 1:	Phone no			
Relationship to child:				
Contact 2:	Phone no			
Relationship to child:				
Who will be collecting and Senior Infants?	your child at 1.40pm while he/she is in Junior			
Name:	Mobile number			
Please supply details on the aware.	of any Legal Orders of which the school should			
If there is any other in details:	formation you think is relevant, please give			

It is important to let us know immediately if any of the details you have given on this form change, so that we have **Up To Date** contact details at all times.