***Carrig National School***

***Enrolment Form***

***Name of child: \_\_\_\_\_***

***Address: \_\_\_\_\_******\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_***

***Date of Birth: Nationality:***

***Please include your child’s Birth Cert. which we will photocopy and return to you.***

***P.P.S. No. of child:***

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

***Church of Baptism (if appropriate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Mother’s Name:***

***Mother’s Maiden Name:***

***Name of Father:***

***Address of Mother:***

*(If different from above)*

***Address of Father:***

*(If different from above)*

***Contact Phone Numbers***

***Parents Home No.: Mother:***

***Father:***

***In case of Emergency closing of school, i.e. school has to close early because of lack of heating, electricity, etc., Please indicate whom the school should contact.***

***Name: Tel:***

***Address:***

***Name: Tel:***

***Address:***

***Family Doctor: Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Medical History (if any):***

***Allergies/Sensitivities:***

***It is the responsibility of parents/guardians to notify the school of food allergies.***

***Does your child have any special educational needs? If yes, please give details: \_\_\_\_\_\_***

***Does any legal order under Family Law exist that the school should know about?***

***Yes No (If yes please give details on a separate page).***

***Referral to Other Agencies***

*Has your child been referred to any outside agency (speech therapist, social worker, psychologist, specialist)?*

***Yes*** *If yes, please give details on a separate page.* ***No***

***We have received, read and understand the policies provided, including in the Code of Behaviour and Discipline for Carrig National School, Birr. We agree to abide by these policies and will work with the staff to ensure that our child understands and adheres to them.***

***In the event of my child receiving minor cuts or grazes, I give permission to the school to use cotton wool, medi wipes, and plasters when necessary.***

***In the event of my child being sick, or having an accident during school time and I cannot be contacted, I authorise the school to consult a doctor.***

***I give consent for my child to participate in the following:***

***Relationships and Sexuality Education is part of the S.P.H.E. and is obligatory.***

***If you wish to opt out of the sensitive RSE issues please inform us in writing.***

***Stay Safe Programme. School outings.***

***In the event of illness or toilet accident, I give permission for items of clothing to be changed – either by an older sibling or in the presence of 2 female adults.***

***I give permission for my child’s class or group photo to be included in School Promotional Material.***

***I give permission for my child to attend the Special Education Team for progress monitoring and initial assessment.***

***I also agree for my child’s name, address and date of birth to be forwarded to the Health Service Executive (H.S.E.) for immunisation and dental purposes.***

***Signed: Date: Parent/Guardian***