Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | First Name: |  |
| Mother’s Maiden name: |  | Language(s) spoken at home: |  |
| Address: |  | Date of Birth: |  |
| Eircode: |  | Gender: |  |
|  |  | Nationality: |  |
| Child’s PPSN: |  | Religion: |  |
| No. of children in family: |  | Place of Child in family: |  |
| Nominated Mobile No. for ‘text service’ | |  | |
| Names of siblings currently in St Anne’s NS: | |  | |
| Name of previous school/playschool: | |  | |

**Please attach original Birth Certificate**

Parents/Guardians

|  |  |  |  |
| --- | --- | --- | --- |
| Guardian 1: | | Guardian 2: | |
| Name: |  | Name: |  |
| Relationship to child: |  | Relationship to child: |  |
| Occupation: |  | Occupation: |  |
| Home No: |  | Home No: |  |
| Mobile No: |  | Mobile No: |  |
| Work No: |  | Work No: |  |
| Email: |  | Email: |  |
| Emergency Contact Person(s) & Tel No(s): |  | | |

Medical Details

|  |  |  |
| --- | --- | --- |
| GP’s Name: | | GP’s Tel. No: |
| Any Allergies/Medical Conditions? | | |
| Has your child attended any of the following services? Please circle Yes or No | | |
| Speech & Language Therapy: | Yes No | |
| Physiotherapist: | Yes No | |
| Occupational Therapy: | Yes No | |
| Psychological Service | Yes No | |

Other Information

Do you give permission for your child to take part in the School’s RSE and Stay Safe Programmes?

Yes/No

Do you give permission for your child to be brought to a doctor/hospital if necessary?

Yes/No

Do you give permission for your child’s photo to be published on the school website/twitter page and/or school newsletter etc?

Yes/No

Do you give permission for your child’s photo to be taken by journalists who visit the school in relation to school activities and events?

Yes/No

In signing this application for enrolment, I agree to support the Board of Management and staff in their implementation of school policies.

I am aware that school policies, including policies on Code of Behaviour, Anti-Bullying, Child Protection, Healthy Eating, Homework etc. are available on request from the office or from the school website [www.stannesns.weebly.com](http://www.stannesns.weebly.com)

Copies of relevant policies will be given to all parents of new pupils on enrolment in the school.

Please note that the information in the Personal Details section will be entered onto the Pupil Online Database as required by Department of Education and skills.

I agree to support the staff in their efforts to provide a positive learning experience for all children in the school.

1st Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF ANY OF THE DETAILS IN THIS FORM CHANGE, PLEASE INFORM THE SCHOOL AT THE EARLIEST OPPORTUNITY. THANK YOU