



# St. Brendan's Boys P.S.

(Roll No – 12370C)

## Enrolment Registration Form



<b>Surname of Pupil</b>		<b>PPS No.</b>	
<b>First Name(s)</b>			
<b>Address</b>			
<b>EIRCODE</b>			
<b>Date Of Birth</b>		<b>Nationality Religion</b>	
<b>Email Address:</b>		<b>Place of Baptism</b> <i>(If relevant)</i>	

<b>Parent 1 Name / Father's Name</b>	
<b>P1 Address</b> <i>(if different from pupils')</i>	
<b>Parent 2 Name / Mother's Name</b>	
<b>P2 Address</b> <i>(if different from pupils')</i>	

<b>Contact Telephone No's</b>			
<b>Parents Home No</b>		<b>P1 mobile</b>	
<b>Please indicate which mobile phone no. you wish to be included on our school text-a-parent system.</b>		<b>P2 mobile</b>	
<b>In the event of your child being sick or having an accident during school time, please indicate who the school should contact and where. Please provide a telephone number.</b>			
<b>Name</b> _____		<b>Name</b> _____	
<b>Address</b> _____		<b>Address</b> _____	
_____		_____	
<b>Telephone No:</b> _____		<b>Telephone No:</b> _____	

<b>Do parents hold a Medical Card</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Family Doctor:</b> _____	<b>Telephone No:</b> _____	
<b>Medical History (if any)</b> _____		

**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** \_\_\_\_\_

**Referral to Other Agencies**

*Has your child been referred to any outside agency (speech therapist, social worker, psychologist, and specialist)?* **YES** ☐ **NO** ☐

**If yes, please give details** \_\_\_\_\_

**Pre school attended:** **YES** ☐ **NO** ☐ **Name:** \_\_\_\_\_

**Brothers in School: Name/s:** \_\_\_\_\_

***Delete as appropriate***

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 permission for my son's class or group photo to be included on school website / social media platforms and school related publications in accordance with School AUP.

I give my permission for my son to take part in the Stay Safe Programme which is now compulsory under direction from Minister of Education.

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

I give my permission for my son to go on local trips and educational excursions outside of the school under supervision of school staff.

I also agree for my son's name, address and date of birth to be forwarded to the Health Service Executive (H.S.E.) for screening and immunization purposes.

**Signed:** \_\_\_\_\_  
**Parent/Guardian**

**Date:** \_\_\_\_\_

**Transfers from other schools**

**Class Enrolled:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Previous Schools Attended:** \_\_\_\_\_