

St. Brendan's Boys P.S.

School Enrolment Form

Surname of Pupil		PPS No.	
First Name(s)			
Address			
Telephone No		Class Enrolled	
Date Of Birth		Religion	
Date of Baptism		Place of Baptism	
Nationality		Speaks English?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Father's Name			
Father's Address (if different from pupils')			
Occupation		Work Telephone	
Mother's Name			
Occupation		Work Telephone	
Mother's Address (if different from pupils')			
Brothers In School?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please fill in their names and class	
Name _____	Class _____		
Name _____	Class _____		
Name _____	Class _____		

Parent's/Guardian's Signature _____ **Date** _____

In the event of an Emergency Closing of the school, e.g. the school has to close early due to lack of heating what arrangements have you made for your child?

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.

Name _____ **Name** _____

Address _____ **Address** _____

Address _____ **Address** _____

Address _____ **Address** _____

Telephone No: _____ **Telephone No:** _____

Should any of these numbers change while your child is attending school please inform us immediately.

In the event of an emergency, should we fail to contact you, do you give permission to the school to bring your child to hospital?

Yes **No** **Signed:** _____ **Date:** _____

Any Other Useful Information (Illness, Allergies, etc.)

Acceptance of School Policies

We the Parents/Guardian of have received, read and understood the policies outlined in the St. Brendan's Boys P.S. Policy Booklet. We agree to abide by these policies and will work in co-operation with the staff to ensure that our child understands and adheres to them.

Signed: _____ **Date:** _____