

We will contact you by post in the **SPRING OF START YEAR** regarding your child starting school.  
If you change address or 'phone numbers please let us know in advance.

**Enrolment Policy: CHILD MUST BE 4 YEARS OF AGE BEFORE 1<sup>st</sup> JULY OF START YEAR**

✓ Copy Birth Certificate MUST be attached when returning form - also please list Child's P.P.S. Number

Completion of this form does not guarantee your child a place in our school

**JUNIOR INFANTS**

**START YEAR: 2021**

Child's First Name: \_\_\_\_\_

**SURNAME:** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Child's Place of Birth: \_\_\_\_\_ Mother – Country of Birth \_\_\_\_\_

Father – Country of Birth \_\_\_\_\_

Child's Address: \_\_\_\_\_

P.P.S. Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_ (must be filled in please)

Was Child Baptised: Yes \_\_\_\_\_ No \_\_\_\_\_

Place Baptised: \_\_\_\_\_

**MOTHER**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Maiden Name/Birth Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

**FATHER**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please complete page 2

**Child's HEALTH**

|  |  |
|--|--|
| Any allergies?   |  |
| Any medical conditions?  |  |
| Any medication currently taking?   |  |
| Has your child had any type of early intervention or assessment e.g. Speech Therapy or Occupational Therapy? |  |
| <p>Any difficulties with?</p> <p>✓ (if Yes, please tick)</p>   | <p>Hearing _____ Vision _____ Speech _____ Toileting _____</p> <p><b>Other? Please list</b></p>  |
| <p>Before commencing this school has your child?</p>   | <p><input type="checkbox"/> Attended Pre-School      How many years <input type="checkbox"/></p> <p>Pre-School Name _____</p> <p>Address _____</p> |
| <p>➤ If no Pre-School was attended please tick <b><u>HOME</u></b></p>  | <p><input type="checkbox"/> From Home (not in any Pre-School or childcare setting)</p>   |

**Please list brothers or sisters in this school**

Name: \_\_\_\_\_

Class: \_\_\_\_\_

Name: \_\_\_\_\_

Class: \_\_\_\_\_