



# Lankill N.S. Enrolment Form

*All forms must be completed in full & returned to the school, along with a Birth Certificate. Completion of this form does not guarantee your child a place in the school. Please write N/A in sections that do not pertain to your circumstances or same as above where applicable.*

## 1. Child's Personal Details

NAME OF CHILD (IN FULL, AS ON BIRTH CERTIFICATE) \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
 MALE  FEMALE  MIDDLE NAME \_\_\_\_\_  
 SURNAME \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PPS NO.: \_\_\_\_\_  
 ADDRESS AT WHICH CHILD \_\_\_\_\_  
 RESIDES: \_\_\_\_\_  
 EIRCODE: \_\_\_\_\_  
 NATIONALITY \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_  
 IF NOT BORN IN IRELAND, DATE ON WHICH CHILD ARRIVED IN IRELAND: \_\_\_\_\_  
 MOTHER'S NATIONALITY: \_\_\_\_\_ FATHER'S NATIONALITY: \_\_\_\_\_  
 ENGLISH SPOKEN (CHILD): \_\_\_\_\_ ENGLISH SPOKEN (PARENTS): \_\_\_\_\_  
 OTHER BROTHERS & SISTERS NAME: NAME: NAME:  
 YET TO START SCHOOL \_\_\_\_\_  
 MALE  FEMALE  MALE  FEMALE  MALE  FEMALE   
 YEAR THEY WILL YEAR THEY WILL YEAR THEY WILL  
 ATTEND SCHOOL: ATTEND SCHOOL: ATTEND SCHOOL:  
 \_\_\_\_\_

## 2. Contact Details

*\*We ask for a number of contact details, so that in the very unlikely event of an emergency, we can contact you quickly. If you change your any contact details during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency. Please fill as appropriate*

FATHER'S/GUARDIAN'S NAME	_____	PRESENT EMPLOYMENT:	_____
WORK TELEPHONE NO:	_____	MOBILE NO:	_____
HOME TELEPHONE NO.:	_____	EMAIL:	_____
MOTHER'S /GUARDIAN'S NAME	_____	PRESENT EMPLOYMENT:	_____
MAIDEN NAME	_____	MOBILE NO:	_____
HOME TELEPHONE NO.:	_____	EMAIL:	_____



## 2. Family/Religious Denomination

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BROTHER/SISTER CURRENTLY IN LANKILL N.S.: YES/NO CLASS(ES): \_\_\_\_\_  
 RELIGIOUS DENOMINATION OF CHILD ENROLLING: \_\_\_\_\_  
 IF CATHOLIC, WHERE WAS YOUR CHILD BAPTISED? \_\_\_\_\_ DATE OF BAPTISM: \_\_\_\_\_  
 WILL YOUR CHILD PARTICIPATE IN THE RELIGION PROGRAMME? YES/NO

## 3. School Educational Details

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DID YOUR CHILD ATTEND PRESCHOOL: YES/NO FOR HOW LONG: \_\_\_\_\_  
 WHERE? \_\_\_\_\_  
 HAS YOUR CHILD EVER HAD A PSYCHOLOGICAL ASSESSMENT? YES/NO  
 HAS YOUR CHILD EVER RECEIVED A SPEECH AND LANGUAGE REPORT? YES/NO  
 \*IF YES, PLEASE ATTACH/FORWARD COPIES OF BOTH

## 4. Collection After School

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PLEASE GIVE NAMES, ADDRESSES AND PHONE NUMBERS OF THE PEOPLE WHO HAVE PERMISSION TO COLLECT YOUR CHILD FROM SCHOOL. IF THERE IS ANY CHANGE IN THIS ROUTINE PLEASE INFORM THE SCHOOL IN WRITING.

NAMED PERSON WHO USUALLY COLLECTS CHILD(REN)	CONTACT NO.
1 _____	_____
2 _____	_____
3 _____	_____

## 5. School Emergencies/Sickness/Unexpected Closures, etc.

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The following information will be used by the school in the event of:

- Your child feeling sick
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils
- An unexpected closure of the school.

If my child gets sick, or the school has to close unexpectedly, etc and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children. Please write same as above if it is the same person.



**A. Person the school will contact:**

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**CONTACT 1** \_\_\_\_\_  
**MOBILE NO.:** \_\_\_\_\_  
**WORK NO.:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**CONTACT 2** \_\_\_\_\_  
**MOBILE NO.:** \_\_\_\_\_  
**WORK NO.:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**B. Medical History/Emergency/Accident**

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That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

- i. I authorise that at their discretion a member of staff may bring my child/children to a Doctor/Hospital if an emergency arises.

**FAMILY DOCTOR'S NAME** \_\_\_\_\_ **TELEPHONE NO:** \_\_\_\_\_

**SIGNED (PARENT/GUARDIAN)** \_\_\_\_\_

- ii. Do your child/children have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school (please fill out school medicine form)?

\_\_\_\_\_  
 \_\_\_\_\_

- iii. It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies. Do your child/children have an allergic reaction to medication or food or does your child need to have medicine administered in school?

\_\_\_\_\_  
 \_\_\_\_\_

- iv. Has your child had any educational or psychological assessments (or other assessments we should be aware of?) or does your child have any Special Educational Needs?

\_\_\_\_\_  
 \_\_\_\_\_

- v. Is there any other relevant information about your child/children which we should know?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**6. Consent**

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a) Screening Tests are carried out in the school on all children from Infants to 6th Class. I allow my child to do these tests.

**PARENT'S/GUARDIAN'S SIGNATURE:** \_\_\_\_\_

b) During your child's time in Lankill N.S., it may be necessary from time-to-time for teachers / Special Education Teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for if deemed necessary for any diagnostic tests to be carried out with my child.

**PARENT'S/GUARDIAN'S SIGNATURE:** \_\_\_\_\_

c) I consent to my child going on and participating in general school outings and tours

**PARENT'S/GUARDIAN'S SIGNATURE:** \_\_\_\_\_

d) I give permission to allow my child to attend the Learning Support/Resource teacher if deemed necessary.

**PARENT'S/GUARDIAN'S SIGNATURE:** \_\_\_\_\_

e) I give permission to allow my child's photograph/image/ work to be included in school-related activities, competitions, school website & school online media (please consult the school's Acceptable Use Policy: children's names and photos never appear together) etc.

**PARENT'S/GUARDIAN'S SIGNATURE:** \_\_\_\_\_

f) I give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE (school nurse, doctor, dentist), etc.

**PARENT'S/GUARDIAN'S SIGNATURE:** \_\_\_\_\_

g) I acknowledge that I have received, read and accepted the school's Code of Behaviour, Anti-Bullying Policy, Internet Use Policy and RSE Policy of Lankill N.S. Having discussed and explained same with my child and I agree to abide by same.

**I wish to enrol my child \_\_\_\_\_ in Lankill N.S.**

***I declare the above information to be correct and understand that it will be treated as confidential.***

**PARENT'S/GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT'S/GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Please ensure that you have included a **Birth Certificate** and **Baptismal Certificate** (if your child was Baptised - not necessary if your child was baptised in the parish of Westport). These documents will be photocopied and returned to you.*

**PRINCIPAL'S/ DEPUTY PRINCIPAL'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## Lankill N.S. School Enrolment Transfer Form

*\*To be completed if your child is transferring from another Primary School*

**PREVIOUS SCHOOL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**SCHOOL TELEPHONE:** \_\_\_\_\_

**WHAT CLASS WAS YOUR CHILD IN WHEN HE/SHE LEFT THE SCHOOL?** \_\_\_\_\_

**REASON FOR TRANSFER:**

*(Please attach sheet if necessary)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you enclosed a copy of your child's school report, attendance record/ behaviour record and/ or any relevant psychological assessments and/or IEPs (Individual Educational Plan)?      **Yes**                      **No**

**N.B. All forms: must be completed in full and returned to the school before a new pupil will be enrolled in the school. Proof of address must accompany application.**

**Note: We require reports from previous schools in order to meet the needs of your child.**

1. Give details of any health conditions (e.g. asthma, eyesight, hearing, allergies, etc.) or emotional problems which may affect your child at school

\_\_\_\_\_  
\_\_\_\_\_

2. Has your child any physical or mental disabilities? If so are there any specific equipment/ resources that the school will require for your child?

\_\_\_\_\_  
\_\_\_\_\_