



SCOIL NIOCLÁS NAOFA

Dunmore, Co. Galway.

093 - 38349 info@dunmorens.com

www.dunmorens.com

Roll No: 197446

ENROLMENT FORM (School Year.....)

APPLICANT DETAILS:

Pupil's Full Name

(This must be identical to what is on the Birth Cert):

Address:

Eircode:

Date of Birth:

PPS Number:

PARENTS'/GUARDIANS' DETAILS:

Name of Father:

Name of Mother:

Name of Legal Guardian(s)

Phone Numbers: (Landline)

Mobile Numbers: Mother: **Father:**

Mobile Number(s) for Aladdin Notices:

.....

Email Address(s):

.....

Religion & Nationality of Family:

Preschool Attended & (Years):

Previous National School Attended (if applicable):

EMERGENCY CONTACT DETAILS (NAME AND NUMBER):

If parents are unavailable, please give the name and number of two designated adults overleaf: (e.g. crèche, grandparent etc. who can be contacted in an emergency)

1. -----

2. -----

MEDICAL DETAILS:

Family Doctor: ----- Phone No.: -----

Medical Condition that we should know about: -----

Does your child require any medication regularly? -----

Learning/Developmental difficulties you may have noticed: -----

Has your child been assessed by a Child Psychologist/Speech Therapist/Occupational Therapist/Other?: (Please give details below):

CODE OF BEHAVIOUR AND ANTI BULLYING POLICY:

A copy of our schools' Code of Behaviour and Anti Bullying Policies form part of our booklet which will be given to all parents at the enrolment of their child. We ask all parents to read and be familiar with these documents and the Board of Management requires of all pupils to adhere to these policies.

PARENTAL DECLARATION:

I/We hereby apply for the enrolment of our child in Scoil Nioclás Naofa and we undertake to support the school in the implementation of school policies for the benefit of our child.

Signature of Parents: -----

Date: -----