

# Caragh National School,

Caragh,

Naas,

Co. Kildare



<b>School Phone Number:</b> 045-875503
<b>School Email:</b> Secretary@caraghns.net
<b>School Web site:</b> www.caraghns.net
<b>School Roll Number:</b> 18654A

Enrolment form for Year: \_\_\_\_\_

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

Pupil Roll No: \_\_\_\_\_(office use)

Surname:		
First Name (s)		
P.P.S. No:		
Full Address:		
Male/Female		
Date of Birth:		
Father/Guardian:		
Mother/Guardian:		
Religion:		
Baptised:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If so, date baptised:		
Location baptised:		

No of children in family:	
Name of Siblings attending Caragh N.S.:	
Phone Number Home:	
Phone Number Work:	
Mobile Number:	
Second Mobile Number:	
Other Contact:	
Email address:	
Doctors Name:	
Doctors phone number:	
Medical history - condition	If applicable please fill out form on reverse of this sheet.
Previous School:	

Yes No

Does your child suffer from any medical condition or allergies. If yes you <u>must</u> fill out the medical form on the attached sheet		
Have you read and accept the School Code of Behaviour. Available on school website.		
Do you wish to give your child permission to leave the school grounds to go home for lunch?		
Do you give permission to take your child straight to hospital in case of serious illness or accident?		
Does any legal order under family law exist that the school should know about?		
Does the school have your permission to provide support learning if deemed required and any stage?		

In the case of Infants the school will require a profile of the child

Forms for this will be issued during the term previous to entry.

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

*Please enclose full birth certificate + Baptismal certificate where appropriate.*

# MEDICAL HISTORY

1.	Does your child suffer from any medical condition?	Yes	No
2.	If yes please specify medical condition:		
3.	Might this condition require administration of medication either on a regular or an emergency basis during school hours	Yes	No
4.	N.B. If <u>yes</u> please contact the B.O.M. of Caragh National School before your child starts school in September so that procedures can be put in place to administer medication in compliance with the School Policy on administration of medication. (Copy available on the school website at <a href="http://www.caraghns.net">www.caraghns.net</a> )		

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## *Caragh National School*

### *Receipt of Enrolment*



Dear Parents

Hereby acknowledge having received an enrolment form for

\_\_\_\_\_ dated \_\_\_\_\_.

This acknowledgement of an application merely confirms that it will be assessed under criteria outlined in enclosed enrolment policy.

Yours sincerely,

\_\_\_\_\_

