



Cloonlyon National School

Cloonlyon, Charlestown, Co. Mayo, F12 CH96

Enrolment Form



Child's personal details:

Child's First Name: _____

Child's Surname: _____

Date of Birth: ____ / ____ / ____

PPSN No.: _____

Address: _____

Nationality: _____

Contact Details:

Parent/Guardian 1		Parent/Guardian 2	
Name:		Name:	
Address (if different to child):		Address (if different to child):	
Home telephone:		Home telephone:	
Work telephone:		Work telephone:	
Mobile:		Mobile:	
Email:		Email:	

In case of emergency (sickness, unexpected school closure etc.) where parents/guardians cannot be contacted, please provide contact details of two other people for the school to contact:

	Name:	Relationship to Child	Phone:
Contact 1			
Contact 2			



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Educational Details:

Pre-school or previous school attended: _____

Previous class details: _____

(if applicable) _____

Class you wish your child to be enrolled in? _____

After School Collection:

List of people authorised to collect my child from the school other than parent(s)/guardian(s):

Name:

Contact No.

1. _____

2. _____

3. _____

Please note, if your child is to be collected by someone not listed above, you must inform the school beforehand.

Please tick

I agree to inform the school of any change in collection arrangements for my child.

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Medical Details:

In the event of an emergency/accident a member of staff will use his/her discretion to bring a child to a doctor/hospital. Every effort will be made to contact the parent(s)/guardian(s) of the child.

Family Doctor Name: _____ Phone: _____

Please list any medical condition (e.g. asthma, eye sight, hearing etc.) which may affect your child at school:



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Further Personal Information:

Has your child attended a Health Professional e.g. Occupational Therapist, Speech and Language Therapist, Physiotherapist, Psychologist, Play Therapist, Other? Yes No

If yes, please give further details and include copies or any relevant reports:

Does any legal order under Family Law exist of which the school should be aware? Yes No

If any order exists, please furnish school with copy of same.

Consent:

- I give permission for any necessary assessments to be carried out with my child.
- I give permission for my child to work with a Special Education Teacher (SET).
- I agree to adhere to all school policies and procedures. (Policies are available on request)
- I agree to my child's photograph/image/work appearing anonymously on school publications, on its website and on its social media.
- I agree to my child's participation on school outings.
- I give permission to allow my family details to be given to agencies such as Dept. of Education, HSE, School Nurse, Doctor, Dentist, Secondary School etc.

By signing this you agree to keep the school informed of any change in family circumstances e.g. illness, bereavement, parent travelling abroad for work etc.

I/we wish to enrol my/our child in St. Patrick's NS, Cloonlyon.

Signed: _____

Date: _____

Signed: _____

Date: _____

All information received is stored and protected in accordance with GDPR Guidelines.

Please ensure to include a copy of a birth certificate for your child with the enrolment form.