



Craggagh National School

Balla, Co Mayo

(094 9365177 | www.CraggaghNS.ie | principal@CraggaghNS.ie)



ENROLMENT FORM

2017/18

Family Name: _____ **First Name:** _____
(As on birth certificate) (The name by which your child is normally known)

Home Address: _____

Religion: _____ **Date & Place of Baptism:** _____

Date of Birth: _____ **PPS:** _____ **Home Tel. No:** _____

Mother's Name: _____ **Mobile No:** _____ **Work No:** _____

Father's Name: _____ **Mobile No:** _____ **Work No:** _____

Mother's Email: _____ **Father's Email:** _____

Mother's Occupation: _____ **Father's Occupation:** _____

Other contact telephone numbers: (e.g. child-minder, relative friend, in case of emergency)

Name	Relationship to child	Telephone Number.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Irish version of child's name (otherwise school will translate)



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Does your child suffer from any medical illness/condition that the school should know about?

Family Doctor: _____ **Tel No:** _____

Mobile No: _____.

Does any legal order under family law exist that the school should know about?

Child's place in the family: _____

Siblings: 1) _____ 2) _____

 3) _____ 4) _____

The class into which your child is entering: _____

Previous school attended (if any) _____

(Please include any school reports/documents which you may have)



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Note: If there is any other information about your child/family which may be relevant to his/her teacher/school, please include in the space below. The information on this page is only required for professional reasons and will be treated confidentially and with respect.

Signature of Parents/Guardians: _____ **Date:** _____

_____ **Date:** _____



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Parental Permission Form

Each year, we ask your permission for your child to participate in certain activities. In order to cut down on unnecessary paperwork and simplify record keeping, we have decided to include as many permissions as possible on one sheet. Please read carefully each of the items below and tick relevant box. Not all items may be relevant to your child this year, but they probably will be at some stage in the future. If you have any concerns regarding any of the items below please feel free to contact your class teacher or principal.

I hereby give permission for my child in relation to the following:	Yes	No
Go on school tours, field trips and participate in school activities (e.g. matches quizzes, swimming, football, rugby, hurling, etc.) You will always receive prior notice of such events.	<input type="checkbox"/>	<input type="checkbox"/>
On occasions such as Communion, Confirmation and other school events, local press photographers take group photos of children and in some instances identify the children by name. Do you agree to the school using your child's image in this way?	<input type="checkbox"/>	<input type="checkbox"/>
Pictures of your child and his/her work may be used for display purposes in school or newspapers also photos from events such as football/rugby/hurling matches, quizzes etc. may be sent to newspapers. Do you consent to your child's photo and name being used in this way?	<input type="checkbox"/>	<input type="checkbox"/>
Pictures of your child and his/her work may be used for display purposes on the school website, blog or Twitter page. In accordance with policy, children will not be identified with their photograph on any of these media formats. Do you consent to your child's image being used in this way?	<input type="checkbox"/>	<input type="checkbox"/>
It is the school's policy to inform parents /guardians if their child has an accident in school which may require them to collect their child and take him/her home or to hospital or doctor. In an emergency it may be necessary to take the child to hospital/doctor and inform parents/guardian afterwards. Do you consent to this?	<input type="checkbox"/>	<input type="checkbox"/>
Do you give permission for your child to make his/her First Holy communion (2 nd Class)	<input type="checkbox"/>	<input type="checkbox"/>
Do you give permission for your child to make his/her Confirmation (5 th & 6 th classes)	<input type="checkbox"/>	<input type="checkbox"/>



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Do you give permission to allow your family details (name, address, date of birth, etc.) to be given to agencies such as the HSE (school nurse, doctor, dentist) and Department of Education?		
Do you give permission for your child to attend Learning Support/ Resource should they benefit from it?		

Name of child/children _____

Signature of Parent/Guardian _____ Date _____