

Enrolment Form

Pupil Details	
Name:	Details of any allergies/medical/behavioural difficulties: _____ _____ _____
DOB:	Is your child attending any services? <ul style="list-style-type: none"> • Early intervention • Play Therapy • Other _____ _____ _____
PPS No:	
Religion:	
Nationality:	
Address:	Previous School attended, Playschool, Montessori, etc, Primary (reason for transfer)
GP name and contact no:	Siblings planning to attend our School: Name and Year of enrolment: 1. Year: 2. Year: 3. Year:
<u>Parent/Guardian/Emergency Contact Details</u>	
Mother's Name:	Father's Name:
Mobile No:	Mobile No:
Home No:	Home No:
Work No:	Work No:
Address:	Address:
Additional Contact 1.	Additional Contact 2.
Name:	Name:
Number:	Number:
Relationship to child:	Relationship to child:
Address:	Address:

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 Vimhir Rolla: 175710

St. Brigid's N.S.
 Dangan
 Kilmore
 Carrick-On-Shannon
 Co. Roscommon

Other Relevant Information

Signature Section

I/We understand that pupil details provided on this form will be included in the Primary Online Database.	Yes No
I/We give permission for my child's name, address, and phone numbers to be shared with the HSE for School Medical/Dental services, if requested.	Yes No
I/We have read and agree with the school rules and Code of Behaviour.	Yes No
I/We are aware our child will take part in RSE and Stay Safe programmes.	Yes No
I/We agree with the School's Healthy Eating Policy.	Yes No
I/We consent to our child attending school related activities outside school grounds.	
I/We consent to our child receiving treatment for minor accidents (cuts, grazes).	Yes No
I/We agree that our child will abide by the school rules.	Yes No
I/We grant permission for my child to access the internet for educational purposes. I understand that every reasonable precaution has been taken by the school to provide for online safety but the school cannot be held responsible if pupils access unsuitable websites.	Yes No
I/We give permission for our child to be named and/or photographed in newspaper for school related activities.	Yes No
Signed: _____	Date: _____
Signed: _____	Date: _____

**Please attach Birth and Baptismal Certificates,
 which will be copied for school records, and returned to you.**