Enrolment Form - School Year 2017/18

	Pupil Details	
Name:	Details of any medical/behavioural difficulties:	
DOB:	PPS No:	
Address:	Religion:	
	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:	
Parent/Guardia	an/Emergency Contact Details	
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:	

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.		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.			
		No	
I/We agree with the School's Healthy Eating Policy.			
		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).			
I/We agree that our child will abide by the school rules.			
		No Yes	
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.			
I/We give permission for our child to be named and/or photographed in			
newspaper for school related activities.		No	
Signed:	Date:		
Signed:	Date:		

Please attach Birth and Baptismal Certificates,

which will be copied for school records, and returned to you.