

NEWTOWNMOUNTKENNEDY PRIMARY SCHOOL.

ENROLMENT FORM.

Class: _____ Year: _____ PPS NO: _____

Surname: _____ Full Christian Names: _____

Gender: _____ Nationality: _____ Date of Birth: _____

Place in Family: _____ Address: _____

_____ Eircode _____

Phone: _____ Email address: _____

Playschool / Last School attended: _____

Permission to ring Principal of current school: Yes No

Religion: _____ Date of Baptism: _____

Name of Church: _____

Parent 1 Name: _____ Parent 2 Name: _____

Parent 1: Mobile No: _____ Parent 2: Mobile No: _____

Legal Guardian: _____

(From 2013 teachers can only discuss school related matters with child's Legal Guardian).

Doctor's Name: _____ Doctor's No: _____

Medical Information if relevant: _____

(Please include most recent reports if Special Needs Diagnosis)

We give permission for the school to discuss my child with NEPS psychologist, Beechpark Psychologist, HSE Psychologist, Speech and Language therapist, Occupational Therapist, Social Worker as relevant:

YES [] NO []

We give permission for the release of name and address to the HSE for medical purposes.

Please return completed form with Baptismal/Birth Certificate, Utility Bill and HSE vaccination record.

In case of an emergency please contact:

Name: _____

Relation: _____

Phone no: _____

Signed: _____ (Parent/Guardian) Date: _____