

NEWTOWNMOUNTKENNEDY PRIMARY SCHOOL.

ENROLMENT FORM.

Class: _____ Year: _____ PPSN: _____

Surname: _____ Full Christian Names: _____

Gender: _____ Nationality: _____

Date of birth: _____ Place in Family: _____

Address: _____

Phone: _____ Email address: _____

Playschool/last school attended: _____

Religion: _____

Date of Baptism: _____ Name of church: _____

Father's Name: _____ Mother's Name: _____

Father's mobile number: _____ Mother's mobile number: _____

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. YES [] NO[]

Please return the completed form together with a copy of child's Baptismal /Birth Certificate, utility bill and HSE vaccination passport.

In case of an emergency please contact :

Name: _____

Relation: _____

Phone no: _____

Signed: _____ (Parent/Guardian) Date: _____

