

S.N. Br. Mícheál Ó Cléirigh
Creevy,
Ballyshannon,
Co. Donegal.
Phone 071 9852090
Email:creevyns2@eircom.net
Website: www.creevyns.ie



ENROLMENT APPLICATION FORM

Any information you provide on this form will be treated in the strictest confidence and used only for the benefit of your child.

CHILD'S NAME: _____

(as per Birth Certificate)

DATE OF BIRTH: _____ **GENDER:** Male _____ Female _____

PPS NO. (Child's own number: _____)

NATIONALITY: _____ **MAIN LANGUAGE SPOKEN AT HOME:** _____

ADDRESS: _____

PARENT/GUARDIAN'S NAME(S):

NAME: _____

PHONE: Home: _____ Mobile: _____

EMAIL: _____

NAME: _____

PHONE: Home: _____ Mobile: _____

EMAIL: _____

OTHER CONTACT DETAILS IN CASE OF EMERGENCY

Name	Number	Relationship to child
1		
2		
3		

NAME AND TEL NO. OF FAMILY DOCTOR:

Name: _____ **Phone/Mobile:** _____

NAME AND ADDRESS OF ANY PREVIOUS SCHOOL/S ATTENDED:

WHAT CLASS LEVEL DID THEY COMPLETE IN THAT SCHOOL: _____

RELIGIOUS DEMOMINATION (Optional): _____

- Do you give permission to take your child straight to GP or hospital in case of serious illness or accident? _____
- Do you give permission for your child to take part in the Social, Personal and Health Education Programmes, Stay Safe and RSE? _____
- Do you give permission for your child to be photographed/recorded for school purposes?

- The school has a website and twitter account. Do you give permission for your child's photograph (without name) to be used on our website and/or twitter account? _____
- Does any legal order under family law exist that the school should know about?

- Does your child experience a physical or learning disability that the school should be aware of? ***Any relevant reports or assessments should be forwarded to the school by the end of February in order for supports to be in place for September.***

- Any other relevant health information?

I/We consent for the above information to be stored on the School Database and on the Dept. of Education and Skills Primary Online Database (POD) and transferred to any other primary schools my child may transfer to.

I/We will co-operate with the school rules and procedures and support the ethos of the school.

Signed: _____
(Parent[s] /Guardian[s])

Date: _____

Please enclose a copy of your child's birth certificate.