



Scoil na mBearnan

Paílis na Gréine

Co Luimní

Roll no 16439J

Tel. No. 061-384481

Email: barnaschoolpallasgreen@gmail.com

Web: www.barnans.com

Enrolment form for school year September 2017 to June 2018

Child's First Name _____
 Surname _____
 Address _____
 Date of birth _____ P.P.S. _____
 Parents' Names _____
 Religion _____
 Play-school attended _____

Contact Numbers (if your child is sick /in case of emergency)

Please provide parents' contact details and the names and contact details of two other people you nominate for us to contact should we not be able to contact you.

Name of Contact	Relationship to child	Mobile	Landline

❖ *If your contact details should change during the school year please inform school immediately.*

Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine please inform the school in writing.

Person who usually collects child(ren)

_____ Phone _____
 _____ Phone _____
 _____ Phone _____
 _____ Phone _____

Mol an Óige agus tíoctaidh sí

Family Doctor _____

Any medical conditions or allergies which should be notified to the school?

Has your child ever had a psychological assessment ? _____

Has your child ever received or is waiting on a speech and language report?

Any other concerns or information which may be important to communicate to the school

I give permission to allow my child's photograph /image to be included in school-related activities e.g. school website , competitions etc.

Parent signature: _____

I wish to enrol my child _____ and I declare the above information to be correct and understand that it will be treated as confidential information.

Signed _____

Date _____