

Radharc na Mara Primary School Mervue. Enrolment Form

Applicant Details

Brothers/Sisters in the School

Class

First Name: _____ Surname: _____ Address: _____ Date of Birth: _____ PPS Number: _____ Nationality _____ First Language _____ Religion _____ Parents Country of Birth _____	_____ _____ _____ _____	_____ _____ _____ _____
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Parents

Name of Mother _____ Phone _____ Occupation: _____	Name of Father _____ Phone _____ Occupation: _____
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Previous Education

Previous schools attended:

Year	School	Address	Classes	Reason for leaving

Was your child ever suspended or expelled from another school? Yes No

Special Needs:

Has your child been assessed by

educational psychologist? Yes No

speech therapist? Yes No

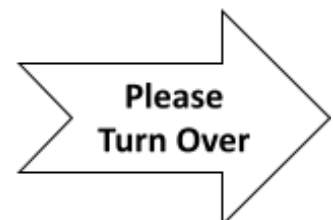
occupational therapist? Yes No

other (please specify) _____

Does your child have any special educational needs? Yes No

Please specify: _____

Medical



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Please List Any Medical Needs That Your Child May Have

Emergency Contact Numbers:

Doctor's Name	Address	Phone Number
1.		

Please list at least **2** emergency contact names / numbers (other than those overleaf) whom the school can contact in the event of an emergency.

Name	Address	Phone Number
2.		
3.		
Childminder (if appropriate)	Address	Phone Number
4.		

In the event of an accident / emergency occurring and the school being unable to contact any of the numbers above or overleaf, it is the policy of the school to seek medical attention for the injured party.

Other:

1. Do you consent to your child participating in the schools SPHE Programme? Yes No

2. Do you consent to your child attending the Learning Support Teacher
if it is deemed necessary? Yes No

3. We the parents/Guardians of _____ have read and understand the Code of Discipline which is available on the school website www.mervueprimary.ie (Printed copy available from the school on request) By signing this enrolment form we agree to abide by this code and will work in co-operation with the staff to ensure our child understands and keeps the code at all times.

Please tick the following Permission List

Child's Name	Pupil may go to hospital in emergency	Pupil may go on school trips	May leave class for Support	May store photo electronically	May put photo on school website	May put photo on school social media page

Signature of Parent(s) Mother: _____ Date: / /

Father: _____ Date: / /