

SCOIL MUIRE BANRÍON-ÉADAN DOIRE- REGISTRATION OF NEW PUPILS

(School use)

Aim: _____

Reg.No: _____

Date Enrolled: _____



Pupil's Details:

Pupil's Name: _____

Address: _____

Date of Birth: _____ PPS Number: _____

Religion: _____ (If baptised outside of Edenderry Parish please submit Baptismal Cert)

Nationality: _____ Language Spoken in the family home: _____

Previous School: _____ Class: _____

School Address: _____

Reason for Transfer: _____

Was your child in receipt of Learning Support/Resource? _____

Parents/Guardians Details:

Mother's Name/Legal Guardian 1: _____

Mother's Occupation: _____

Mother's /Legal Guardian 1:Phone Number(s):Mobile _____ Home _____

Address (if different from above): _____

Father's Name/Legal Guardian 2: _____

Father's Occupation: _____

Father's Name/Legal Guardian 2 Phone Number(s): Mobile _____ Home _____

Address (if different from above): _____

Occasionally the school may contact parents via e-mail, please provide one e-mail address for this purpose.

E-mail address: _____

For the 'text-a-parent' service only one number is used please indicate here which is the preferred number:

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Medical Details:

Family Doctor: _____ Number: _____

Medical Conditions/Allergies: (Please also indicate if your child takes any medicines):

Has your child been involved with any outside agencies/services eg. Speech and Language?
If so please indicate the services and dates of involvement.

Emergency Contacts

In the case of an emergency, where we cannot contact parents the school requires two additional contact names and numbers.

Emergency Contact 1

Name: _____

Relationship to the child: _____

Number(s): Mobile _____ Home _____

Emergency Contact 2

Name: _____

Relationship to the child: _____

Number(s): Mobile _____ Home _____

If there is any other important or relevant information please outline below:
