



(School use)

Aim: \_\_\_\_\_

Reg.No: \_\_\_\_\_

POD No: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_

**Pupil's Details**

Pupil's Name: \_\_\_\_\_ Male:  Female:

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ PPS Number: \_\_\_\_\_

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

Nationality: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_ Ethnic/Cultural Background: \_\_\_\_\_

Previous School/Pre-School \_\_\_\_\_ Class: \_\_\_\_\_

School Address: \_\_\_\_\_

**Parents/Guardians Details**

Mother's Name/Legal Guardian 1: \_\_\_\_\_ Mothers Maiden Name: \_\_\_\_\_

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:

\_\_\_\_\_

**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 \_\_\_\_\_

**Other Useful Information**

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?

If so please indicate the services and dates of involvement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's place in the family: \_\_\_\_\_ No. of Siblings: \_\_\_\_\_ Brother(s) in the school: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_