

Pupil's First Name:		Surname:	
Date of Birth:    /    /		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Year you wish to enrol your child: _____		Pupils PPS Number <input type="text"/>	
Home Address:			
Eircode: <input type="text"/>			
Religion:		Nationality:	
<u>Parent(s)/ Guardian(s) Details:</u>			
Mother's Name:		Father's Name:	
Maiden Name:			
Address:		Address:	
Nationality:		Nationality:	
Phone number:		Phone number:	
Email address:		Email address:	
Preschool attended:			
Length of time:			
Other schools attended:			
Dates:			
Has your child ever had a psychological assessment?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details.			
Does your child have speech and language problems?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child received a speech and language report?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please give details of any health conditions or emotional problems which may affect your child at school:			

Does your child have any physical or mental disability?

Yes ☐

No ☐

If yes, please provide details:

Are there any specific equipment/resources that the school will require?

Any other information you wish the school to be aware of: (i.e. if there are any legal issues in relation to guardianship of your child, please provide a copy of same.)

I acknowledge and accept the School's Code of Behaviour. Having discussed and explained same with my child, I agree to abide by same.

I wish to enrol my child \_\_\_\_\_

I consent for information to be stored on the Primary Online Database (POD) and transferred to the Department of Education and Skills and any other primary schools my child may transfer to during the course of their time in primary school.

I declare the above information to be correct and understand that it will be treated as confidential.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_