**Pupil Information Current Class\_\_\_\_\_\_\_\_ Class being applied for \_\_\_\_\_\_ Start Date \_\_\_\_\_\_\_\_\_\_**

**For Office Use Only**

Date form received**:**

 ***Enrolment Form 2026/2027***

***Scoil Phádraig Primary School.***

***Please complete clearly and in full.***

|  |  |
| --- | --- |
| First Name |  |
| Surname |  |
| PPS Number |  |
| Date of Birth |  |
| Nationality |  |
| Religion |  |
| Place of Baptism if relevant |  | Cert Attached Yes/No |
| Previous Pre-School/School |  |
| Doctors Name  | Tel:  |
| Number of Children in Family |  |
| Position of Child in Family |  |
| Name and class of brothers in this school. | 1. 2. |
| Country of Birth |  | Date arrived in Ireland \_\_/\_\_/\_\_ |
| Ethnicity |  |
| Home Language |  |
| Home Address and Eircode |  |
| Are there any Medical Issues the school should be aware of? Yes/No |
| Are there any Special Needs that the school should be aware of? Yes/No |
| Does any Legal/Court Order exist that the school should know of? Yes/No |
| Is there any additional information the school should be aware of? Yes/No |

***(if YES, please elaborate on the extra information page& supply copies of any relevant reports and assessments etc)* Permission is required for the following. Please tick and sign below to give consent.**

|  |  |
| --- | --- |
| I give permission for staff to bring my child to the doctor/hospital in an emergency.  |  |
| I give permission for my child to be treated for minor accidents e.g. cuts/grazes. |  |
| I give permission for child and family details (name, address, parents details, ethnicity, religion, D.O.B. etc) to be given to agencies such as the Dept of Education, HSE (school nurse, doctor, dentist, speech and language therapists etc.) and future schools |  |
| I give permission for teachers to carry out assessment/diagnostic testing on my child to support them in their educational development.  |  |
| I give permission for my child to attend the Learning Support teacher if necessary. |  |
| I give permission for my child to attend the R.S.E. and Stay Safe programmes |  |
| I give permission for my child’s photograph/image to be included in school related activities, competitions, website etc. |  |
| I give permission for my child to go to swimming, matches, school tours and other school related activities. |  |
| I have read and agree to abide by the school’s Code of Behaviour. |  |

**Signed (Parent/Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother/Parent 1/Guardian 1 Information Father /Parent 2/Guardian 2 Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  |  | Name |  |
|  Address |  | Address |  |
| Nationality |  | Nationality |  |
| Occupation |  | Occupation |  |
| Contact Numbers | M:H:W: | Contact Numbers | M:H:W: |
| Email: | Email: |

**Permission to Collect/Emergency Contacts**

**Please give names, addresses and phone numbers of the people who have permission to collect your child from school. These contacts will also be used if your child gets sick, or the school closes unexpectedly and we cannot contact you. If there is any change in this information, please inform the school.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name |  |  | First Name |  |
| Surname |  | Surname |  |
| Contact Numbers | M:H:W: | Contact Numbers | M:H:W: |
| Relationship to child  |  | Relationship to child |  |

* *I understand that the receipt of an enrolment form does not guarantee my child will be offered a place.*
* *I have enclosed copies of any relevant reports and assessments.*
* *I have enclosed a copy of my child’s Birth Certificate with this enrolment form.*

**Signed (Parent/Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Scoil Phádraig **Telephone**: (057) 8623394

Portarlington, **Email**: info@stpatricksbns.ie

Co. Laois **Web**: www.stpatricksbns.ie

Roll Number: 17827A **Principal**: Ms. Sheelagh Murphy

 **Deputy Principal**: Mr. Stephen Terry

***General Enrolment Form 2025/2026***

***Scoil Phádraig Primary School.***

|  |
| --- |
| **Please provide any additional information.** |
| If there is something further you would like us to know about your child please provide the information below.This may include:* information about friend groups if your child is transferring from a preschool setting.
* any family history of dyslexia or otherwise.
* any other information which will assist us in supporting your child.
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