Enrolment Form 2027/2028
Scoil Phádraig Primary School.

For Office Use Only

Date form received:_____

Please complete clearly and in full.

Pupil Information **Current Class_____ Class being applied for _____ Start Date _____**

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

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

Father /Parent 2/Guardian 2 Information

Name	
Address	
Nationality	
Occupation	
Contact Numbers	M: H: W:
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	
Surname	
Contact Numbers	M: H: W:
Relationship to child	

First Name	
Surname	
Contact Numbers	M: H: W:
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 and proof of address with this enrolment form.* ☐
- *If you have recently arrived in Ireland, please provide a copy of your son's passport.* ☐

Signed (Parent/Guardian) _____

Date _____

Scoil Phádraig
Portarlington,
Co. Laois
Roll Number: 17827A

Telephone: (057) 8623394
Email: info@stpatricksbns.ie
Web: www.stpatricksbns.ie
Principal: Ms. Sheelagh Murphy
Deputy Principal: Mr. Stephen Terry

General Enrolment Form 2027/2028

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.