(A copy of child’s Birth Certificate to be attached to this form)

**First name:**

**Surname:**

**Address:**

**Postcode:**

**PPSN:**

**Nationality:**

**DOB:**

**Name/s of Parent/s/Guardian/s:**

Dad:

Mum:

 **Contact numbers- Mobile(s):**

 **Home number:**

Mum:

 **Email Addresses:**

Dad:

Number:

Name:

 **Emergency contact numbers:**

Number:

Name:

**Name of Preschool Attended:**

**If your child is transferring from another school, their pupil records should be made available to the school.**

**Name of school:**

**Contact No:**

 **Address:**

**Phone number:**

**Name of Family Doctor:**

In the event of your child needing emergency medical attention during school every reasonable effort will be made to contact you. However, should we fail to do so are you agreeable to your child receiving emergency medical treatment? **Yes No →**

Has your child any health problems which the school should be aware of e.g. eyesight, hearing, allergies, other?

Has your child any specific physical/learning disability? Please give details and attach any relevant reports /

information.

Has your child attended or is your child attending Speech & Language Therapy or Occupational Therapy? Please give details and attach any relevant reports/information.

Throughout the school year individual/group photographs of your child will be taken during school activities. These photographs may be displayed on our School Blog. Do you agree to the school using your child’s photograph for this purpose? **Yes No**

The school has a philosophy of carrying out a number of extra-curricular activities within school time. Payment is requested from parents towards the funding of these.

The Department of Education and Science has issued Child Protection Guidelines and Procedures, and Anti Bullying Procedures to all schools. Scoil Bhríde has adopted these guidelines as school policies.



***Parent/Guardian Signature:***

***Date:***