

*Iniscealtra NS  
Mountshannon  
Co. Clare  
061 927299*

## **Enrolment Form**

Pupil's Surname \_\_\_\_\_

Pupil's First Name \_\_\_\_\_

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Child's PPS no. \_\_\_\_\_ Home Telephone no. \_\_\_\_\_

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Mobile Telephone no. \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Mobile Telephone no. \_\_\_\_\_

Names and Dates of Birth of younger siblings

\_\_\_\_\_

Name of previous school (if any) \_\_\_\_\_

Address of School \_\_\_\_\_

School phone no. \_\_\_\_\_

Last class attended \_\_\_\_\_

Any relevant medical information

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

Signature of parent \_\_\_\_\_

Date \_\_\_\_\_

**N.B. A copy of the child's birth certificate should accompany this form.**

**Iniscealtra National School**  
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## **Permissions**

### Photographs and Video

From time to time during school activities children's photos or video footage may be taken. This may be used in the local press, local newsletter or the school website. Children generally are not photographed singly and are never named.

I \_\_\_\_\_ give consent for my child/children to be photographed / recorded for school purposes throughout their time at Iniscealtra National School.

Signed \_\_\_\_\_ parent

Date \_\_\_\_\_

The information provided in your child's enrolment form is necessary for the work of the school and is confidential to the school. However, from time to time the school is asked to provide information to the HSE to facilitate their work such as immunisations, sight and hearing tests and dental appointments etc. Please sign below to signal your agreement that your child's details as contained in the enrolment form be made available to the HSE.

Signed \_\_\_\_\_ parent

Date \_\_\_\_\_