

*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.

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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 _____