**Galbally NS Enrolment Form**

**Child’s Name** ……………………………………………………………………….................................................

**Address** …………………………………………………………………………………………………......................

**Date of Birth** ………………………………. **Religion** …………………………………..........

**CHILD’S PPS NO** ………………………………………………………………………..

(as required by Department of Education for inclusion on Primary Online Database)

**Parents / Guardians Name**

**Father**…………………………………………................ **Mother**…………………………………………….............

**Contact Numbers**

**Father**…………………………………………………………..... **Mother** ………………………………………………………..

***Please note that all correspondence will be sent to child’s address above, unless otherwise informed. Please contact the school if you wish both parents/guardians to receive notification regarding Parent/Teacher meetings, reports etc.***

***Mobile number to receive school text messages .....................................................***

**Person to contact if both parents are not available** **..........................................................**

**Relationship to child** (e.g. grandparent, minder etc.) **..........................................................**

 Please note that all correspondence will be sent to child’s address above, unless otherwise informed. Please contact the school if you wish both parents/guardians to receive notification regarding Parent/Teacher meetings, reports etc.

**Previous school attended** (if any) ..................………………………………………….

 **Preschool attended**: ...............................................................

In order to have the necessary resources in place for your child we need to have the following information:

Does your child suffer from any illness, or on any medication? If so give details ………………………………………….………………………………………………...………………………………………….

Does your child have any known allergies?................................................................................................................

 Special Needs - Has child attended a) Speech Therapist (b) Occupational Therapist (c) Psychologist (d) Counselling (e) Other . If yes to any of these please give details below ………………………………………….………………………………………………...…………………………………………..…………………………………………………………………………………………………………………………………………...........

 Is your child **exempt from Irish**, if so please state reason: ............................................................................

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent / Guardian)**

(N.B. This information will be treated in the strictest confidence).