



Email: [principal@fourmastersns.ie](mailto:principal@fourmastersns.ie) /Website: [www.fourmastersns.ie](http://www.fourmastersns.ie)

## Enrolment Form

Any information you give on this form will be treated with the strictest confidence and only used for the benefit of your child

### Part 1 – Pupil Details

Name of Child: As on Birth Certificate		PPSN: Required for Primary Online Database	
Address of Child:		Eircode:	
Date of Birth:	Gender:	Nationality:	
Religion:		Main language spoken at home:	
Did child attend pre-school or other primary school? Yes <input type="checkbox"/> No <input type="checkbox"/>			

If "yes" please give name and address of school or pre-school:

If primary school, class in which enrolled and length of time in that class:

### Part 2 – Parent Details

Father's Name: (as on child's birth cert)		Mother's Name:		Mother's Maiden Name: Required for Primary Online Database	
Father's Address: (if different from child's)			Mother's Address: (if different from child's)		
Are both parents legal guardians of the child?		Mother Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Father Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is child living with (tick as appropriate) both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other <input type="checkbox"/>					
Nationality of Father:			Nationality of Mother:		
Occupation of Father:			Occupation of Mother:		
Home Phone:			Home Phone:		
Father's Mobile:			Mother's Mobile:		
Email Address:			Email Address:		
Mobile Number for "text-a-parent"					

### Part 3: In case of Emergency

1 <sup>st</sup> contact person if parent not available: Name: Address: Telephone:		2 <sup>nd</sup> contact person if parent not available: Name: Address: Telephone:	
In the event of an emergency, should we fail to contact you, do you give permission to the school to bring your child to a doctor or hospital?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Family Doctor:			

**Part 4: Medical & other Relevant Information about your child.**

Is the child's eyesight / hearing / speech adequate for normal schoolwork?	Yes <input type="checkbox"/> No <input type="checkbox"/> If "No" speak to principal
Has your child had any type of assessment relevant to his/her future school progress? e.g., psychological assessment or speech & language	Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" speak to principal
Medical facts, if any, of which the teacher should be made aware of (illnesses / allergies) e.g., asthma, epilepsy, nut allergy etc.	
Does your child have special needs?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please speak to Principal.

**Part 5 – Parental consent for various programmes and activities.**

Your child will have the opportunity of going on various trips under supervision of his/her teacher during his/her years at school e.g., trip to local historical sites, nature walks, educational / sports trips involving going on a bus. Do you give consent for such trips?  
Yes  No

Sometimes photographers visit our school to take pictures of the children e.g., New Junior Infants for local newspaper, prize-winners in various competitions etc. Do you give permission for your child to be photographed on such occasions?  
Yes  No   
The Board of Management cannot be held responsible for pictures/videos taken by parents at the School Concert, Graduations etc.

The school has a website. Do you give permission for your child's photograph (without name) to be used on website?  
Yes  No

The Department of Education has requested the following information for its Primary Online Database.

What religion is your child?

To which ethnic or cultural background does your child belong? White Irish  Irish Traveller   
Any other white background  Black African  Any other black background  Other (inc. mixed background)

Do you consent to this data being passed onto the Department of Education? Yes  No

Signed: \_\_\_\_\_

**Declaration of Guardian**

I declare that, to the best of my knowledge information given on this form is true and correct. I have received and read the school's Admission Policy, Code of Behaviour and Discipline, Anti Bullying Policy and Internet Acceptable Use Policy and agree to be bound by them.

Signed: \_\_\_\_\_ Mother

Signed: \_\_\_\_\_ Father

Date: \_\_\_\_\_