

NAGLE-RICE PRIMARY SCHOOL  
Killarney Rd.,  
Milltown, Co. Kerry  
(066) 976 7625  
[office@naglericens.com](mailto:office@naglericens.com)



SCOIL DE NÓGLA-RÍS  
Baile an Mhuilinn,  
Co. Chiarraí  
[www.naglericens.com](http://www.naglericens.com)

Roll No 20229U

## School Enrolment Form

**Note: All forms must be completed in full and returned to the school, along with a Birth Certificate (as per Dept. of Ed. Ruling).**

Name of Child (in full)

Christian Name \_\_\_\_\_ Surname \_\_\_\_\_

Irish version of your child's name: \_\_\_\_\_ (otherwise school will translate)

Address at which child resides: -

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male:  Female:

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

If not born in Ireland, date on which child arrived in Ireland? \_\_\_\_\_

Mother's Nationality: \_\_\_\_\_ Father's Nationality: \_\_\_\_\_

**\*If you change your mobile number/address during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.**

Home Landline Telephone No: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Present employment: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Present employment: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Present employment: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**Please specify one phone number to be used for TEXT-A-PARENT**

Is the child living with both parents \_\_\_\_\_

Position of child in family (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc) \_\_\_\_\_ Number of children in the family: \_\_\_\_\_

Names of children already in Nagle-Rice PS. \_\_\_\_\_

Religious denomination: \_\_\_\_\_

PPSN Number \_\_\_\_\_

Ethnic/Cultural background: \_\_\_\_\_

If your child was baptised please attach a copy of their Baptismal Cert: yes:  no:

(This is needed for the Sacrament of First Holy Communion and Confirmation)

\*\*\*\*\*&\*\*\*\*

Previous schools attended: Pre-School: \_\_\_\_\_

Other schools name, address, phone number and class: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Has your child ever had a Psychological Assessment? \_\_\_\_\_

Has your child ever received a Speech and Language report? \_\_\_\_\_

Has your child ever received an Occupational Therapy report? \_\_\_\_\_

(If yes please enclose copies of these reports or any other relevant reports/assessments)

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Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine **please inform the school in writing.**

**Person who usually collects child(ren)**

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours. If there is any change in this regard or if there is any other information which you think may be relevant **it is very important that the school is informed immediately.** Other relevant information: \_\_\_\_\_

\_\_\_\_\_

**School Emergencies/Sickness/Unexpected Closures, etc.**

The following information will be used by the school in the event of:

- Your child feeling sick
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils
- An unexpected closure of the school.

If my/our child gets sick, or the school has to close unexpectedly, etc and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.

**Person the school will contact:**

1 \_\_\_\_\_ 2 \_\_\_\_\_

Tel/mobile: \_\_\_\_\_ Tel/mobile: \_\_\_\_\_

**Medical Emergency/Accident**

That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may bring my/our child/children to a Doctor/Hospital if an emergency arises.

**Signed (Parent/Guardian)** \_\_\_\_\_

**Signed (Parent/Guardian)** \_\_\_\_\_

**Family Doctor**

Doctor's Name \_\_\_\_\_ Telephone No: \_\_\_\_\_

Do your child/children have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school? **Please ensure that your child's medication is up-to-date**

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

**It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies.**

Do your child/children have an allergic reaction to medication or food?

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

**Does any Legal Order under Family Law exist that the School should be aware of?**

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

Is there any other relevant information about your child/children which we should know? eg. Additional/Special Needs? etc.

\_\_\_\_\_

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I /we give permission to allow my/our child's photograph/image to be included in school-related activities (school website and/or print media), competitions, etc.

**Signed:** \_\_\_\_\_ **Parent/Guardian**

**Signed:** \_\_\_\_\_ **Parent/Guardian**

I/we give permission to attend school tours/trips and outings, extra-curricular activities.

**Signed:** \_\_\_\_\_ **Parent/Guardian**

**Signed:** \_\_\_\_\_ **Parent/Guardian**

I /we give permission to allow my/our family details (name, address, date of birth, etc.) to be given to agencies such as HSE (school nurse, doctor, dentist), etc.

Signed: \_\_\_\_\_ Parent/Guardian

Signed: \_\_\_\_\_ Parent/Guardian

**Declaration:**

I/We wish to enrol my/our child in Nagle-Rice PS and declare all the above information to be correct. I understand that all information will be treated as confidential and will only be shared with agencies as mentioned above.

I/we confirm that I/we have read a copy of the School's Ethos Statement, Enrolment Policy, Code of Behaviour, Anti-Bullying & Child Protection Policies and Data Protection Statement, which are available from the school and on the school's website [www.naglericens.com](http://www.naglericens.com)

(If you do not have access to the internet, please inform the school and we will provide hard copies).

I/we understand that by signing this as parent/legal guardian I/we agree to accept and will abide by the policies of the school.

If you have any questions or queries about any aspect of this registration form please do not hesitate to contact the principal at (066) 976 7625 or [office@naglericens.com](mailto:office@naglericens.com)

Signature: \_\_\_\_\_

(Parent/Guardian)

Signature: \_\_\_\_\_

(Parent/Guardian)

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Print name: \_\_\_\_\_

Print name: \_\_\_\_\_

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

\*\*\*\*\*

Please ensure that you have included a Birth Certificate and Baptismal Certificate (if your child was Baptised) with this form. These documents will be photocopied and returned to you.

Principal's signature: \_\_\_\_\_

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

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**Office use only:**

Birth Certificate received: Yes  No

Baptismal Certificate received: Yes  No  not applicable

Reports : Yes  No