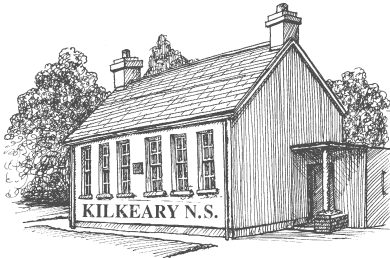


# Kilkeary N.S. Kilkeary, Norwood, Nenagh Co. Tipperary.



## Enrolment Registration Form.

Year: 20--/20--

Please fill in and return to Principal Kilkeary N.S. by \_\_\_\_\_

Pupil's First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Birth Cert Forename: \_\_\_\_\_ Birth Cert Surname: \_\_\_\_\_

Address including Eircode: \_\_\_\_\_

\_\_\_\_\_

D.O.B \_\_\_\_\_ Gender: M  F

P.P.S No: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Religion: \_\_\_\_\_ Nationality: \_\_\_\_\_

Right or left handed: \_\_\_\_\_

Name and class of Sibling(s) currently enrolled: \_\_\_\_\_

Name and address of Playschool/Montessori school attended:

\_\_\_\_\_

Name(s) and address(es) of previous schools attended:

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Does your child have any Special or Educational needs? If so please give details:

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Please state any medical problems/allergies your child may have:

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Name of G.P. \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

**Parent(s) Guardian(s) Details:**

1. Name: \_\_\_\_\_ Parent  Legal Guardian  Custodian

Mobile No: \_\_\_\_\_ Home No: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Parent  Legal Guardian  Custodian

Mobile No: \_\_\_\_\_ Home No: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred No's to be used in an emergency: \_\_\_\_\_

Do we have permission to bring your child to hospital in case of an emergency: Yes  No

Designated person(s) to pick child up from school: \_\_\_\_\_

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Do we have permission to use photographs of your child (children), without being named, on our school website. Yes  No

Please enclose original Birth Certificate or Baptismal Certificate which will be photocopied and returned to you.

Parents Signatures:

Signature 1. \_\_\_\_\_ Signature 2: \_\_\_\_\_

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**For school use only:**

Birth Certificate received Yes  No

PPS  Yes  No

Maiden name: Yes  No

Website info: Yes  No

Designated person(s) to pick up child: \_\_\_\_\_  
\_\_\_\_\_

Other relevant information: