**Cranny National School, Roll No. 13804O**

**Carrowreagh East,**

**Ennis,**

**Co. Clare.**

**(065) 6832345**

**Enrolment Registration Form for SEPT 2022**

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| **CHILD** | | | |
| **Child’s First Name:** | | **Child’s Surname:** | |
| **Sex: Male**  **Female** | **P.P.S. No:** | **Date of Birth:** | **Child’s Nationality:** |
| **Home Address:** | | **Previous School/Playschool:** | |
| **Medical & Allergy Information:** | | **Doctors Name** | |
| **Has your child attended any specialist i.e. Medical Consultant, Speech Therapist, Occupational Therapist etc. Yes No**  **Has he/she any Reports that are relevant to the school? Yes No** | | **Is English the primary language spoken at home?**  **Yes No** | |

|  |  |
| --- | --- |
| **PARENT/GUARDIANS** | |
| ***Mother/Guardian:*** | ***Father/Guardian:*** |
| **Full Name:** | **Full Name** |
| **Mothers Nationality:** | **Fathers Nationality:** |
| **Address(if different from above)** | **Address(if different from above)** |
| **Home Telephone No.** | **Home Telephone No.** |
| **Mobile No.** | **Mobile No.** |
| **Work No.** | **Work No.** |
| **Email Address: (please print clearly)** | **Email Address: (please print clearly)** |

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| **OTHER CONTACT** | |
| **Name:** | **Name** |
| **Relationship** | **Relationship** |
| **Mobile No.** | **Mobile No.** |

**GENERAL CONSENTS FORM**

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|  | **YES** | **NO** |
| **I consent that my child may receive any necessary medical care from a doctor, ambulance crew, hospital etc. in the event of an accident or illness occurring where the school is unable to contact the parents/guardians.** |  |  |
| **I consent to my child going on supervised school outings such as sports events, Library, Swimming Pool, Parish Church etc.** |  |  |
| **I consent to the school submitting my child in group photographs, for use on the school website/local newspapers.** |  |  |
| **I consent to my child’s clothes being changed by school staff if they become soiled or wet.** |  |  |
| **I consent to in-school educational tests for my/our child e.g. Belfield, Mist, Drumcondra, Sigma-T.** |  |  |
| **I consent to Learning Support in English and/or Maths if my child meets the criteria for support.** |  |  |
| **I consent to my child taking part in the Stay Safe Programme.** |  |  |
| **I consent to my child taking part in the RSE (Relationship & Sexuality) Programme.** |  |  |
| **I consent my child’s name and address to be given to other agencies i.e. Parish, HSE (for Vaccinations, hearing and sight tests) etc.** |  |  |
| **I/We have read and understood the above consents. I/We wish to enrol my/our child in Cranny National School.** |  |  |
| **I/We undertake to see that my/our child will attend school punctually and regularly.** |  |  |
| **I/We confirm that I/We are aware that the data relation to this application will be kept in school files and may be used by School Management in the election of Parents/Guardians to the school Board of Management.** |  |  |

Parent/Guardian’s Signature; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent /Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| Date Received in Office: |