

Scoil Oilibhéir Naofa Junior School

Bettystown, Co Meath A92 H762 Roll No: 20216L

Phone: 041-9887431 Email: office@bettystownschool.ie Web: www.scoilolibheirnaofa.com



Príomhoide – Maria White Leas Phríomhoide – Deirdre McLoughlin

Enrolment Form for Junior Infants

Child must be 4 years old on or before 31st March in the year of starting school.

Today's Date: _____

School Year to start _____

Child's First Name: _____ Surname _____ PPSN _____

Date of Birth: _____

Address: _____

Child's Position in Family: _____ Male Female

Nationality: _____ Religion: _____ Place of Baptism _____

Please supply school with Birth Certificate, when returning this form.

Parent(s)/Guardian(s) Names & Occupations: *(This information is required by Dept. Education & Skills)*

Mother _____ Father _____

Occupation _____ Occupation _____

Mobile-Mother _____ Father-Mobile _____

Email – Mother _____ Email – Father _____

Home Telephone No. _____ Daytime Contact Number: _____

Mobile No. to be used for Text a Parent _____

Who does the child reside with (please ✓)

Both parents at the above address Mother Father Other _____

Emergency Contact: 1 - Name _____ Tel: _____

(Not to be the same as parents)

Emergency Contact: 2 - Name _____ Tel: _____

(Not to be the same as parents)

Name of Pre-School attended: _____ Telephone Number: _____

Years Attended: _____

I _____ give permission for the above school to contact my child's Pre-School

P.T.O.

English Language

Does your child speak English as his/her first language? Yes/No – If not what language is used in the home _____
(Note: We have an E.A.L. (English Additional Language) teacher on staff, so it will be of great benefit to your child to have this extra support)

Special Educational Needs

Has your child had:	1	A psychological assessment? <input type="checkbox"/>	What year _____
	2	A diagnosed speech/hearing/visual/physical or any other disability? If yes what year _____ Disability _____ Please enclose copy of report(s)	

Are you awaiting an appointment for any Occupational Therapy, speech Language Therapy, Paediatrician (regarding development issues), Psychological Services etc.

Yes No

Has your family accessed support services from agencies, eg. H.S.E., Enable Ireland, ISPC or Tusla

Yes No

Medical Information:

Local Family Doctor: _____ Phone Number _____

Address: _____

If you have not already registered with a local Doctor, please do so as soon as possible.

**Does your child have any medical conditions or allergies we should know about? (e.g. Asthma, epilepsy, diabetes). Please give information here, including what action should be taken in an emergency.
No medication can be brought to school without prior arrangement with the Principal.**

Signature of Parent/Guardian: _____ Date: _____

Important: Please inform the school of any changes in the above information, especially contact telephone numbers and email addresses.

I/we confirm I/we have read the Code of Conduct Policy (available on school website), that this code is acceptable to me/us and that I/we will make all reasonable efforts to ensure that my/our child complies with this school code.

Signed Parent/Guardian (1): _____ Date: _____

Signed Parent/Guardian(2) _____ Date: _____