



Great oaks from little acorns grow

*GortJordan N.S.
Kilmaine,
Claremorris,
Co. Mayo.
Tel: 093 33470*

School Enrolment Form

*Note: All forms must be completed in full and returned to the school, along with an original Birth Certificate. This will be returned at a later date.
(Both Parents'/Guardians' signatures are needed on this form)*

Name of Child (in full, as on Birth Certificate) _____

Address at which child resides: _____

Home telephone No: _____

Date of Birth: _____

Nationality: _____ Country of Birth: _____

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

Child's PPS Number: _____

Mother's Nationality: _____ Father's Nationality: _____

Father's Name: _____ Mobile No: _____

Occupation: _____ Work telephone No.: _____

Work Address: _____

Mother's Name: _____ Mobile No: _____

Occupation: _____ Work telephone No.: _____

Work Address: _____

***If you change your mobile number/s during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency and for using text-a-parent.ie.**

If applicable

Guardian's Name: _____ **Mobile No:** _____

Occupation: _____ **Work telephone No.:** _____

Work Address: _____

Is the child living with both parents _____

Position of child in family (1st, 2nd, 3rd, etc) ___Number of children in the family:___

Name of brother/sister in this school:

Name: _____ **Class:** _____

Name: _____ **Class:** _____

Name: _____ **Class:** _____

Other Younger Children in Family:

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

Expected School Start Date: Sept. 20 _____

Expected School Start Date: Sept. 20

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

Expected School Start Date: Sept. 20 _____

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Did your child attend preschool? _____ For how long?_____

Where? _____

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: _____

Emergency Contact Names & Mobile Numbers

If my 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/us, 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. _____

Mobile No: _____ **Mobile No:** _____

Medical Emergency/Accident

In the event of not being able to contact you, the child's parent/s, consent will be given by you, the parent/s to staff member/s to

- contact emergency services
- give permission to emergency services to carry out necessary procedure/s
- make an informed decision, with/without advice of emergency services, as to the best possible measures to be taken for the welfare of the child.

Parents' Signatures: _____

Medical Indemnity

I/we hereby agree to indemnify and keep indemnified the Board of Management, its servants and agents including without prejudice to the generality the said teaching and non-teaching staff of the said school from and against all claims, both present and future, arising from the administration of failure to administer first aid/emergency procedures.

Parents' Signatures: _____

Family Doctor

Doctor's Name _____ Telephone No: _____

Has your child ever received Speech and Language Therapy? _____

Has your child ever had a Psychological Assessment? _____

Give details of any health condition/syndrome (physical or mental) (e.g. asthma, eyesight, epilepsy, hearing, autism etc.) or emotional problems which may affect your child at school?

Are there any specific equipment/ resources that the school will require for your child?

(Where a school reasonably requires further information the application will not be treated as being complete until such time as all requested information, has been received.)

It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies.
Does your child have an allergic reaction to medication or food?

Is there any other relevant information about your child's health and well-being which we should be aware of?

During your child's time in GortJordan National School, it may be necessary from time-to-time for teachers to carry out diagnostic testing with your child on an individual/group basis in order to help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.

Parents' Signatures: _____

I give permission to allow my child's school work/photograph/image/video clips to be included in school-related activities, competitions, on our school website , school facebook page etc.

Parents' Signatures: _____

I give permission to allow my child's details (name, address, date of birth, etc.) to be given to agencies such as HSE (school nurse, doctor, dentist), etc.

Parents' Signatures: _____

I acknowledge that I have received, read and accepted Gortjordan National School's Code of Behaviour and Anti-Bullying Policy. Having discussed and explained same with my child I agree to abide by same. (available to view in the school)

Parents' Signatures: _____

I give permission for my child _____ to participate in school activities such as Drama, Gymnastics, Creative Dance and Sports Activities with Visiting Teachers.

Parents' Signatures: _____

(If for some reason your child can't participate on a particular day e.g. illness/injury, please send in a signed explanation note to your child's class teacher.)

Gortjordan National School recognises the importance of regular school attendance which is promoted in its School Attendance Policy. We are legally obliged through the Education Welfare Act 2000 to notify the National Educational Welfare Board if your child is absent for 20 or more days during any school year. When your child is absent from school, it is necessary to send a short written explanation on their return to school to the class teacher. Such notes are kept in the school in case of a possible enquiry by the N.E.W.B. I agree to co-operate in this regard.

Parents' Signatures: _____

I declare the above information to be correct and understand that it will be treated as confidential.

Parents' Signatures: _____

Date: _____ **Date:** _____

Please ensure that you have included a Birth Certificate with this form. This document will be photocopied and returned to you.

**To be completed if your child is transferring from another
Primary School**

Previous School: _____

Address: _____

Telephone No.: _____

What class was your child in when he/she left the school? _____

Reason for Transfer? _____

Have you enclosed a copy of the most recent school report and attendance record?

Yes **No**

Parents' Signatures: _____

Date: _____

Date: _____