

Cappataggle C.N.S
Cappataggle
Ballinasloe
Co. Galway

Roll Number
19506N
Phone Number
091 843124
Email cappyns@hotmail.com

School Enrolment Form

(To be completed by parent/s or guardian/s. Please read carefully)

Section One

General Information

Surname: _____

First Name: _____

Male/Female: _____

Date of Birth: _____

Place of Birth: _____

PPSN: _____

Full Address: _____

Child's siblings: _____

Child's position in family: _____

Religion _____

Was your child baptised? _____ If so, date baptised _____

Place of Baptism _____

Will your child require transport on the school bus? _____

Section Two

Mother's Full Name: _____

Address: _____

Phone Numbers: _____ Mobile

_____ Home

_____ Work

Email Address: _____

Father's Full Name: _____

Address: _____

Phone Numbers: _____ Mobile

_____ Home

_____ Work

Email Address: _____

Details of any custodial arrangement either mutually agreed between the child's parents or put in place by court order _____

Section Three Medical history and arrangements

Describe here any medical/allergies etc. affecting your child of which the school should be aware

List here any medications being administered to the child on a continuous/long term basis

Arrangements to be made if child becomes ill/has an accident at school (list here the people/phone numbers we can contact in these circumstances).

Contact Details of Family Doctor

Doctor's Name: _____ Phone Number: _____

Section Four

In this section you are asked to provide all information and details regarding any factors which you feel will impact on your child's educational needs.

1. Does your child speak clearly in keeping with his/her age? _____

If not, has he/she been to a Speech Therapist? _____

Name and contact of Speech Therapist: _____

2. Is your child able to go to the toilet without assistance? _____

3. Do you feel your child has acquired the motor and co-ordination skills in keeping with his/her age? E.g. shoes, coat, eating, school bag.

If not describe briefly what skills you feel are lacking:

4. Has your child been assessed or diagnosed with any physical or emotional condition?

If yes, please provide details: _____

5. List below the relevant resources required by your child as recommended in the assessments described in No. 4 above: _____

Section Five

Describe briefly here what you feel are your child's interests, strengths and fears. This information will assist your child's teacher with the necessary forward planning so that your child will settle into school comfortably and with the least upset possible:

- a) Interests and Strengths: _____

- b) Fears: _____

Section Six

Code of Behaviour

I/We have read the Code of Behaviour of Cappataggle C.N.S. and, on behalf of our child, I/we agree that I/we will support and encourage him/her to make his/her best efforts to abide by its guidelines.

Signature(s) of Parent(s)/Guardian(s) _____

Date: _____

School Activities Consent

I/We consent that our child may participate in all activities organised by the school- such as concerts and performances, extracurricular activities, games, field trips, tours, swimming lessons.

Signature(s) of Parent(s)/Guardian(s) _____

Date: _____

Emergency Medical Treatment

I/We authorise the school to arrange necessary medical treatment in the event of an emergency.

Signature(s) of Parent(s)/Guardian(s) _____

Date: _____

Administration of Medicine Consent

I/We authorise the designated members of staff to administer medication prescribed to our child.

Signature(s) of Parent(s)/Guardian(s) _____

Date: _____

Diagnostic/Educational Tests

During your child's time in Cappataggle C.N.S., he/she will undergo various Standardised/Diagnostic tests. Should my child require educational/diagnostic testing during his/her time in Cappataggle C.N.S. I give permission for these tests to be carried out.

Signature(s) of Parent(s)/Guardian(s) _____

Date: _____

Photo and Website Permission

I/We consent to photographs of our child/children being used for the purposes of recording activities, for displays, publications and school website or by local newspapers.

Signature(s) of Parent(s)/Guardian(s) _____

Date: _____

Reminder

1. Please include a copy of your child's Birth/Adoption Certificate and where applicable, Baptismal Certificate.
2. If your child is transferring from another school please include a copy of the most recent school report.
3. Where applicable, please include copies of Occupational Therapy/Speech and Language Therapy/Psychological reports.
4. Please note it is your responsibility to notify the school of any change to contact names or telephone numbers. (The school will use Mother's mobile number as the primary contact unless otherwise advised for the purposes of Text-a-parent.)