Enrolment Application Form

Knocknagree National School September 2023

Pupil's First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____

Address (at which the applicant resides): _____

_____ Eircode: _____

Name and class of Sibling(s) currently enrolled: _____

_____

Parish in which the applicant resides: _____

Parent(s)/Guardian(s) Details:

Mother:

Name: _____ [ ] Parent [ ] Custodian [ ] Legal Guardian

Address: _____

_____Eircode: _____ Occupation: _____

Home Tel. _____ Mobile _____ Email. _____

Father:

Name: _____ [ ] Parent [ ] Custodian [ ] Legal Guardian

Address: _____

_____ Eircode: _____ Occupation: _____

Home Tel. _____ Mobile _____ Email. _____

Signature 1: _____ Signature 2: _____

Date: _____ Date: _____

Completed enrolment applications must be returned to **Knocknagree National School** no later than 10th March 2023.

Knocknagree National School
Knocknagree, Mallow, Co. Cork

Enrolment Form

Email: office@knocknagreens.ie
Phone: (064) 7756237

Pupil's Name: _____ Date of Birth: _____

Irish version of name (or school will translate): _____

P.P.S number: _____

Home Address: _____

_____ Eircode: _____

Child resides with: Both parents [ ] Mother [ ] Father [ ] Guardian [ ]

If there is shared custody, please give second address _____

_____

Nationality: _____ First Language: _____

Religious Denomination: _____ If Roman Catholic state place of Baptism: _____

Number of children in family: _____ Pupil's place in family: _____

Details of preschool or previous school(s) attended:

Preschool / School	Address	Classes (if school)	Years attended

Did your child receive any Special Education Teaching in a previous school? Yes _____ No _____

If yes please give details _____

_____

Any educational assessments? _____

Does your child suffer from any illness e.g. asthma, diabetes etc. or allergies? Yes _____ No _____

If yes please state _____

_____

Does your child have any health issues e.g. sight, hearing, epilepsy etc. or toilet training? Yes _____ No _____

If yes please state _____

_____

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Knocknagree, Mallow, Co. Cork

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Email: office@knocknagreens.ie
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Pupil's Name: _____ Date of Birth: _____

Name of person(s) nominated and authorised in writing to collect child / children from school:

1. _____

2. _____

In an emergency, if parents / guardians are unavailable please provide details of person to contact:

Contact Name: _____ Relationship to child: _____

Home number: _____ Mobile number: _____

Name of Family Doctor: _____

Address: _____

Telephone number: _____

Consent

Please answer **yes or no** to the following:

Yes / No	
	Do you give permission for your child to be taken straight to hospital in the event of serious illness of accident?
	Is there any legal order or family order the school should know about?
	I am willing to support and co-operate with the staff in Knocknagree NS in implementing the Code of Behaviour and Anti-Bullying Policy. Both the Code of Behaviour and the Anti- Bullying policy are available to view under the documents tab on the school website www.knocknagreens.ie

Please notify the school in writing if you **do not wish** your child to be photographed or recorded during school activities and we will do our best to ensure that your wishes are complied with.

Parents / Guardian's signature: _____

_____

Date: _____

Completed Enrolment forms to be returned to the school by Friday 10th March 2023.
Enrolment Day to be decided when it is safe to do so.
Please supply a copy of Birth Certificate with this Enrolment Form.
Baptismal Certificate is required if child is baptised outside the parish.