



# KILGLASS national school

## ENROLMENT FORM 2025

### CHILD DETAILS:

NAME OF CHILD AS IT APPEARS ON BIRTH CERTIFICATE:

\_\_\_\_\_

FIRST NAME OF CHILD: \_\_\_\_\_ SURNAME: \_\_\_\_\_.

GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_.

ADDRESS: \_\_\_\_\_

EIRCODE: \_\_\_\_\_

PPS NO: \_\_\_\_\_ NUMBER OF CHILDREN IN FAMILY: \_\_\_\_\_

HOME PHONE NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### MOTHER /GUARDIAN 1 DETAILS:

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

CONTACT NUMBER 1 \_\_\_\_\_ CONTACT NUMBER 2 \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### FATHER /GUARDIAN 2 DETAILS:

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

CONTACT NUMBER 1 \_\_\_\_\_ CONTACT NUMBER 2 \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### ALTERNATIVE CONTACT DETAILS:

In the case of an emergency and being unable to contact any of the above persons, please supply details of another adult with whom contact can be made:

1. NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

CONTACT NUMBERS 1 \_\_\_\_\_ 2 \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

CONTACT NUMBERS 1 \_\_\_\_\_ 2 \_\_\_\_\_

**MEDICAL DETAILS:**

NAME OF FAMILY DOCTOR: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

IN CASE OF AN EMERGENCY DO YOU CONSENT TO THE LOCAL DOCTOR TREATING YOUR CHILD: \_\_\_\_\_

IN CASE OF AN EMERGENCY DO YOU CONSENT TO HAVING YOUR CHILD BROUGHT TO HOSPITAL: \_\_\_\_\_

DO YOU CONSENT TO YOUR CHILD RECEIVING MINOR FIRST AID TREATMENT FROM A MEMBER OF STAFF IN SCHOOL: \_\_\_\_\_?

PLEASE GIVE DETAILS OF ANY ILLNESSES OR ALLERGIES WHICH SHOULD BE MADE KNOWN TO THE SCHOOL (for child's welfare): \_\_\_\_\_

\_\_\_\_\_

**OTHER INFORMATION:**

DO YOU GIVE PERMISSION TO YOUR CHILD TO TRAVEL TO FOOTBALL MATCHES, SWIMMING, AND EDUCATIONAL OUTINGS BY BUS OR CAR \_\_\_\_\_

**PREVIOUS SCHOOL INFORMATION:**

NAME OF CRECHE OR MONTESSORI: \_\_\_\_\_

NAME OF PREVIOUS SCHOOL AND REASON FOR TRANSFER:

\_\_\_\_\_

\_\_\_\_\_

PLEASE GIVE DETAILS OF ANY OTHER INFORMATION THAT YOU CONSIDER OF RELEVANCE. \_\_\_\_\_

\_\_\_\_\_

SIGNED: PARENT/GUARDIAN 1: \_\_\_\_\_

PARENT/GUARDIAN 2: \_\_\_\_\_

DATE: \_\_\_\_\_

**POD (Primary Online Database).** This is a database developed by Department of Education. ETHNIC OR CULTURAL BACKGROUND (e.g. White Irish, Irish Traveller, Roma, any other White background, Black African, Any other Black Background, Chinese, Any other Asian Background, Other): \_\_\_\_\_

RELIGION: \_\_\_\_\_

PARENTAL CONSENT TO SHARE ETHNIC OR CULTURAL BACKGROUND AND RELIGION WITH THE DEPARTMENT OF EDUCATION; YES or NO

PARENT'S SIGNATURE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

Please Return by 14<sup>th</sup> March 2025