



Registration Form

Please return the completed form (**in BLOCK CAPITALS**) accompanied by your child's Original Birth Certificate and any Relevant Reports to the school which will be copied and kept on file. Any information you give on this form will be treated in the strictest of confidence.

Child's Full Name:		Proposed year of enrolment: e.g. Sept 2022/2023/2024 etc _____	
Proposed Class of Enrolment: Junior Infants <input type="checkbox"/> Senior Infants <input type="checkbox"/> Early Intervention Class <input type="checkbox"/> Junior ASD Class <input type="checkbox"/>			
PPS No:		Date of birth:	
Home address:		Religion:	
Eircode:		Parish in which he/she now lives:	
Nationality:		Year of arrival in Ireland if born outside the state:	
Ethnic or Cultural Background:			
Mother's name/ Address:		Mother's Nationality:	Present occupation:
Mothers Mobile No:			
Father's name / Address:		Fathers Nationality:	Present occupation :
Fathers Mobile No:			
Male/Female?	Number of boys in family	Number of girls	Position of child (1 st , 2 nd , 3 rd etc)
Preschool and name of same:		Previous School (if any) and name of same: Class:	

Is English your child's first language? Yes No If No please list languages spoken at home below

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Has your child ever been referred to / attended the following services?

Speech and Language Yes No

Occupational Therapy Yes No

Early Intervention Yes No

Paediatric Services Yes No

If yes to any of the above please give details of service i.e. Therapist/Consultant Name along with a copy of any reports or referrals received.

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Give details of any health condition e.g. Physical/Emotional/Behavioural problems/ allergies which may affect your child in school.

Name, address and phone number of Family Doctor:

In case of an accident or an emergency do you consent to the local doctor / or a Certified Staff Member to administer First Aid? Yes No

Are you a Medical Card Holder? Yes No

In case your child should become ill and there is no one at home, please give the name/address/phone number of 2 neighbours or members of your family we could contact.

Name of contact person :	Telephone:
Address:	

Name of second contact person:	Telephone:
Address:	

Name of persons who have permission to collect your child after school:

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Please note that for any arrangements other than the above a note signed by you must be provided on the day.

Please Tick if you give permission for the following:

Transfer of data to the school to which my child will transfer in order to facilitate effective transition of educational provision. (National Schools)

Internet Access (in a class situation under the supervision of the class teacher)

My child's image (in a group setting)/ art work etc. to appear on the school website/press photos

Participation of my child in educational trips and tours.

In the event of an emergency, parents/guardians will be contacted by phone. If immediate contact is not made the teacher will assume the right to authorise emergency treatment.

I give permission to Saint Patrick's Infants N.S. to:

- Contact my child's preschool(s)/previous school(s)
- Contact other agencies and services e.g. school psychologist, medical services
- Administer screening tests to my child in Junior Infants (Belfield) and in Senior Infants (MIST)
- Support my child in small group settings in class, by members of the SEN team

Should further diagnostic testing and/or further support (Learning Support/Resource Teaching, English Language Support, Schools Completion Programme, Maths Recovery) be required written consent will be requested from you.

Occasionally the school psychologist (NEPS) and/or other services may be contacted by the school. Teachers may wish to seek advice on issues around your child's educational progress or other matters (behaviour etc.). Should further involvement of these services be necessary you will be contacted and your written consent will be requested by the school.

It is compulsory under DES guidelines that every school participates in the Relationships and Sexuality Education programme and STAY SAFE programme in the context of Social Personal and Health Education. If you wish to review these programmes please contact your child's class teacher and further information will be provided.

School Attendance

Under the Education Welfare Act (2000) you must make sure that your child attends school regularly. When your child is absent from school for any reason you must notify the school of the reasons for the absence. The National Education Welfare Board (NEWB) is responsible for promoting and monitoring school attendance. The school must inform the NEWB when a pupil is absent for more than 20 days in a school year or when a pupil is not attending regularly. In cases of serious non-attendance an Education Welfare Officer will make all reasonable efforts to ensure regular school attendance.

The NEWB has produced a leaflet for parents entitled *Don't let your child miss out (on a good start in life!)*. It is available to download from www.newb.ie

The above information is true to the best of my knowledge. I am aware that it may be stored on computer. A full copy of the school's Code of Behaviour and Policies is available for viewing in reception and on the Schools Website I and my child/children agree to abide by the school's code of Behaviour.

Signed: _____ (Parent/Guardian)

_____ (Parent/Guardian)

Date: _____

Mobile Number for Text a Parent System:

Email address for communication between school and parents:
