
Scoil Lios na Groí

Lisnagry National School

Lisnagry, Co. Limerick Fón: 061 331011 Fax: 061 331062
Email: lisnagryschool@gmail.com



**AFFIX
PASSPORT
PHOTO
HERE**

ENROLMENT REGISTRATION FORM.

(Part One)

APPLICANT DETAILS

Surname: _____ First Name: _____
Date of Birth: _____ Gender: _____
Religion: _____ Nationality: _____
Parish in which you live: _____
Crèche/Child Care: _____ Playschool/Montessori: _____
Address: (all correspondence to this address) _____

CONTACTS

FATHER/GUARDIAN DETAILS:

Surname: _____
First Name: _____
Occupation: _____
Telephone: _____ Mobile: _____
Work: _____ Home: _____
Email: _____

MOTHER/GUARDIAN DETAILS:

Surname: _____
First Name: _____
Occupation: _____
Telephone: _____ Mobile: _____
Work: _____ Home: _____
Email: _____

In case of your child being sick or having an accident during school time, please indicate who the school should contact and where.

Name: _____ Telephone: _____

Address: _____

Relationship to the child: _____

Text-a-Parent:

Do you give consent to your number being added to our **Text-a-Parent Service**? _____

Mobile Number : _____ (one number only required)



(Part Two)

MEDICAL HISTORY:

Please give details of any illness, allergies, speech, sight or hearing problems. Please state if your child is on any medication. _____

Please give details of any special educational needs which your child may have. _____

Please give details below if our child has had any assessment done for provision of resources, i.e. learning support, resource. If you already have a report (education, psychological, medical), please submit at your earliest convenience. _____

Is there any legal order regarding custody of access pertaining to this child? (If yes, please complete attached Guardianship Form) _____

ANY OTHER INFORMATION:

Please provide any other information, which you feel, may be relevant to this registration. _____

Father's/Guardian's Signature:

Mother's/Guardian's Signature:

Date: _____

Date: _____

Do you give consent for the following?

1. Your child to participate in school religious ceremonies under our schools Catholic ethos: Y / N
2. Your child to be driven to hospital in case of emergency: Y / N
3. Photos/DVD's to be taken and published under school supervision. Please note, these will always be in group situations, e.g. Christmas concert, etc.
4. Your child's class work or photo (in group) to be published on our school website: Y / N
5. Your child to attend school trips, tours and school related sporting events (parents will always be notified prior to the event): Y / N
6. Your child's details to be given to the H.S.E. upon request Y / N

IMPORTANT - PLEASE NOTE:

**A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH CHILD.
EACH SECTION OF THE APPLICATION FORM SHOULD BE COMPLETED IN FULL. APPLICATIONS WHICH ARE NOT CORRECTLY COMPLETED CANNOT BE PROCESSED BY THE SCHOOL AND WILL BE RETURNED.
PLEASE ENCLOSE A COPY OF ORIGINAL BIRTH CERTIFICATE AND TWO CURRENT UTILITY BILLS IF YOU HAVE NOT ALREADY DONE SO.
ALL INFORMATION SOUGHT IS ESSENTIAL FOR SCHOOL RECORDS AND WILL BE TREATED WITH THE UTMOST CONFIDENTIALITY.
PUPILS TRANSFERRING FROM ANOTHER SCHOOL MUST COMPLETE PART THREE OF THIS FORM.**

STUDENTS TRANSFERRING FROM OTHER SCHOOLS

classes other than Junior Infants.

Previous School Attended:

Years of Attendance:

Name: _____

Address: _____ Telephone: _____

_____ E-mail: _____

Principals Name: _____

School outside Republic of Ireland?: (please state yes or no) _____

Present Class: _____

Class into which entry is sought: _____ Month & Year of Entry: _____

Reason for change of school: _____

1. **SIGNED PARENT/GUARDIAN** _____

DATE: _____

2. **SIGNED PARENT/GUARDIAN** _____

DATE: _____

PLEASE NOTE THAT ALL INFORMATION GIVEN ON THIS FORM WILL BE TREATED WITH THE STRICTEST CONFIDENTIALITY.