
Scoil Lios na Groí

Lisnagry National School

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



GUARDIANSHIP INFORMATION (ONLY COMPLETE THIS FORM IF APPLICABLE TO YOUR CHILD)

Everyone who is a legal guardian, whether custodial or non-custodial has, (in the absence of a Court order limiting these rights), the same entitlement to participate in decisions about a child's education and receive, or have access to, information about the child. This form has been devised to facilitate Lisnagry National School in determining the individual arrangements/agreements in place in respect of each child attending this school

Pupils Name: _____ Class: _____

Address at which the pupil resides during the school week: _____

_____ Telephone: _____

Email: _____ Mobil: _____

Name(s) of Custodian(s) of Pupil: \ _____

() Mother () Father () Grandparents Other (please specify)

LEGAL GUARDIAN(S)

Name of Legal Guardian (1) () Mother () Father () Other

Address: _____

_____ Telephone: _____

Email: _____ Mobile _____

Name of Legal Guardian (2) () Mother () Father () Other

Address: _____

_____ Telephone: _____

Email: _____ Mobile _____

P.T.O.>>>>>



Receipt of School Communications

Please indicate below all who are legally entitled to receive any school communications.

Name:

Address:

Please indicate below the person authorised to sign consent forms for the child:

Name:

Relationship to child:

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Collection of Pupil(s) from School:

Please provide the names of the people authorised to collect pupils from the school:

Name:

Relationship to child:

In the event the pupil is being collected from the school premises prior to the end of the school day or returning the child to school during the school day who will be signing the School In/Out Book:

Name:

Relationship to child:

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Signature(s):

Legal Guardian (1)	Date:
Legal Guardian (2)	Date:

You are kindly requested to provide the school with copies of any Court Orders that may be in place restricting a guardian's access to, or communication with the pupil. Please note that all information provided on this form will be treated in the strictest confidence.