

For office use only

Date received:

Enrolment Date:



CUSHINSTOWN NATIONAL
SCHOOL

**REGISTRATION FORM
2023-2024**

Uimhir Rolla:16673R

Please complete in BLOCK CAPITALS	CLASS:
Pupil's Name:	Name in Irish: (Optional)
Date of Birth:	Male/Female
P.P.S. Number:	Country of Birth:
Address:	Nationality:
	If born outside the country, year of arrival in Ireland:
Eircode:	Languages spoken in the home:
Parent/Guardian Details	Parent/Guardian Details
First Name:	First Name:
Last Name:	Last Name:
Relationship to child:	Relationship to child:
Phone No (Home):	Phone No (Home):
Phone No (Work):	Phone No (Work):
Phone No (Mobile):	Phone No (Mobile):
Mothers Maiden Name:	
Email Address:	Email Address:

Names of brothers/sisters in this school:
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It is school policy to pass on the above information excepting Religion and Ethnicity to the Department of Education and Skills.

Please tick	Yes	No
Are there any orders or other arrangements in place governing access to or custody of your child?		

The school may share Personal Pupil Data with other organisations such as HSE, Tusla, An Garda Síochána, etc where there is a legal basis for doing so under GDPR.

Name of Previous School/Pre-school:
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Address:

Principal's Name: Phone No:

Additional local contact names, to be contacted in emergencies [Not the same as above]

Name:		Phone No:
Relationship to child:		
Name:		Phone No:
Relationship to child:		
Name:		Phone No:
Relationship to child:		

Please tick	Yes	No
Have you attached a Birth Certificate for your child?		

Relevant Medical Information:

Family Doctor:

Phone No:

Any medical concern/information of relevance? (use a separate sheet, if required)

Has your child attended any of the following:

Speech and Language

Occupational Therapy

Child Psychology/Psychiatry

Has your child any Special Educational Needs? **(Please include any reports with the form.)** Details:

I/we wish to enrol my/our child in Cushinstown National School

Signed: Parent/Guardian Date:

Signed: Parent/Guardian Date:

Both Parents/Guardians to sign