

For office use only

Date received:

Enrolment Date:

 **CUSHINSTOWN**

 NATIONAL SCHOOL

**REGISTRATION FORM 2024-2025
Uimhir Rolla:16673R**

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| 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:** |
| **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:** |
| **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?** |  |  |
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| **Relevant Medical Information:** |
| **Family Doctor:** | **Phone No:** |
| **Any medical concern/information of relevance? (use a separate sheet, if required)** |
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| **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: |

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| 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** |