

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?** | | |  |  | |
|  | | | | |

|  |  |
| --- | --- |
| **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: | |

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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** |