



Scoil Náisiúnta  
Rath an Iubhair

School Roll Number 17707N
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School Phone Number 053 9255161
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School e-mail info@rathnurens.ie
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School Fax Number 053 9255161
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School website www.rathnurens.ie
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School blog www.rathnurensblog.scoilnet.ie/blog/
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## School Enrolment Form for Pupils

**Private & Confidential**

Surname:		Child's PPSN:	
First Name(s)		Name(s) of Siblings attending this school:	
Address:			
		Phone Number Home:	
		Phone Number Work:	
Date of Birth:		Mothers Mobile:	
Male / Female:		Fathers Mobile:	
Nationality:		Other Contact:	
Year of Entry:		Emergency Number:	
Father/Guardian:		Doctors Name:	
Occupation:		Name and Address of Previous Crèche / Playschool / Montessori School:	
Mother Guardian:			
Occupation:			
Nationality of Parents:			
First Language of Parents			
Was the child Baptised: Yes <input type="checkbox"/> No <input type="checkbox"/>			
If so, date of Baptism:			
Location Baptised:			
Religion:			
E-mail Address:		Does your child have any problems with Hearing? <input type="checkbox"/> Eyesight? <input type="checkbox"/>	

Person(s) (other than parents) authorised to collect child from school:

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

In the event of an emergency I, \_\_\_\_\_ (Parent/Guardian) **authorise** the school to seek medical assistance for my child. This may involve the school organising transport for my child to a doctor/hospital.

**Policies:**

I allow \_\_\_/do not allow \_\_\_ my child to be photographed in school for Education purposes and school displays only and to have their photograph placed on the school website/blog and local newspapers.

I agree with the School's Healthy Eating policy.

I understand that Rathnure NS implements and teaches the 'RSE (Relationship & Sexuality Education)' and 'Stay Safe' programme as per Dept. Education & Skills directive and in accordance with SPHE (Social Personal Health Education) as part of the 1999 Revised Primary Curriculum. I agree to my child/ren participating in these programmes

I give permission for staff to clean my child's wound and apply plasters in the event of a minor accident.

I give permission for staff to use water gel on my child in the event of a burn or scald.

Signed: \_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Parent /Guardian)

**Child Protection**

Parents/Guardians must be aware that it is incumbent on the school to inform HSE authority in the event of a disclosure of any form of child abuse. This is a legal requirement under the Child Protection Procedures.

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Any other relevant information:

\_\_\_\_\_

\_\_\_\_\_

Original Birth/Adoption Certificate should accompany this form (copy shall be taken and original returned to you).  
Baptismal Cert if baptised outside parish.

Where legal documents outline family status/custody arrangements, details **must** be provided. Any future legal changes to name or guardianship of the child should be communicated **in writing** to the school.

\_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_

