

Child's name: _____ Date of birth: _____

Current address: _____

(Please notify the class teacher if this changes.)

Mother's/Guardian's Phone no. _____

Father's /Guardian's Phone no. _____

Number to be used for school texts: _____

Other contact nos:(please specify whose number it is.)

NB. If your child becomes ill during school time, or in the case of an emergency, these are the numbers that we will use to contact you.

In the unlikely event of us being unable to contact you, and if we deem it necessary, we will contact your child's doctor or take your child to casualty.

Please sign here to indicate your consent: _____

Date: _____

Doctor's name: _____ Phone no. _____

From time to time you child's class may leave the school to visit local places, eg the church, the playground, the abbey etc. Please sign here to give your consent for your child to participate in these outings:

_____ Date: _____

The following policies are available to view on the school website,
www.kns.ie.

**Code of Behaviour and Anti Bullying Policy, Internet Acceptable Use Policy
and Enrolment Policy.**

Please read these policies and sign here to indicate your acceptance.

_____ Date: _____

