

**Scoil Mocheallóg N.S.**  
**Registration / Enrolment / Child's details**

Telephone 063/98742 or 98319

Fax No. 063 20188

Email [kgs@eircom.net](mailto:kgs@eircom.net)

Pupil's First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Religion: \_\_\_\_\_ PPS No: \_\_\_\_\_

Place of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Address (at which the child resides):

\_\_\_\_\_

Name and class of sibling(s) currently enrolled:

\_\_\_\_\_

Parish in which the applicant resides:

\_\_\_\_\_

Playschool attended:

\_\_\_\_\_

***Parent(s)/Guardian(s) Details:***

Name: \_\_\_\_\_ [ ] Parent [ ] Custodian [ ] Legal Guardian

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

Present employment: \_\_\_\_\_

Home Tel. \_\_\_\_\_ Mobile \_\_\_\_\_ Email. \_\_\_\_\_

Name: \_\_\_\_\_ [ ] Parent [ ] Custodian [ ] Legal Guardian

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

Present employment \_\_\_\_\_

Home Tel. \_\_\_\_\_ Mobile \_\_\_\_\_ Email. \_\_\_\_\_

Signature 1: \_\_\_\_\_

Signature 2: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Give details of any health conditions (e.g. asthma, eyesight, hearing, allergies, etc, or emotional problems which may affect your child at school.

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Any specific needs or educational needs your child may have:

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Number to be used for school texts: \_\_\_\_\_

**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 your child's class may leave the school to visit local places, e.g. church, the playground, the abbey etc. Please sign here to give your consent for your child to participate in these outings.

\_\_\_\_\_ Date: \_\_\_\_\_

My child has permission to attend Relationship & Sexuality Education: Yes [  ]. No [  ]

The following policies are available to view on the school website, [www.kns.ie](http://www.kns.ie) Code of Behavior and Anti-Bullying Policy, Internet Acceptable Use Policy, Enrolment Policy and the Healthy Eating Policy. Please read these policies and sign here to indicate your acceptance.

\_\_\_\_\_ Date: \_\_\_\_\_

*If you require a paper copy of these policies, please ask your class teacher for one.*

From time to time photographs may be taken of school children during school activities / religious ceremonies. These photographs may be used on our website or occasionally published in local or national newspapers. Please sign here to indicate your consent.

\_\_\_\_\_ Date: \_\_\_\_\_

Name of persons who have permission to collect your child at school:

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**Please complete this form and return with the child's birth certificate which will be returned at a later date. Please notify the school in the event of any changes to above information.**

**Signature of Parent/Guardian**\_\_\_\_\_

**Completed enrolment applications must be returned to the secretary in **Scoil Mocheallóg, Kilmallock, Co.Limerick.****