

**SCOIL BHRÍDE**

Stillbrook, Mountrath, Co. Laois

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**Enrolment Form**

**Child's Details**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PPS number of Child: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address (please include eircode):

\_\_\_\_\_

Nationality/ Ethnicity: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Previous schools attended (play school/Montessori/ other primary school):

\_\_\_\_\_

Does your child have reports from outside agencies (Occupational Therapy, Psychology, Speech and Language etc?)

\_\_\_\_\_

**Family Details**

1. Parent/ Guardian Name: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

\_\_\_\_\_

Contact Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Parent/ Guardian Name: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

\_\_\_\_\_

Contact Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

*Please Give Details of any legal order under Family Law that the school should know*

*about:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Alternative Contact Number (If parents cannot be reached):*

*Name:* \_\_\_\_\_ *Contact No.:* \_\_\_\_\_

*Name:* \_\_\_\_\_ *Contact No.:* \_\_\_\_\_

**Medical**

*Give details below of any medical needs your daughter may have (illnesses such as asthma*

*Etc., allergies, dietary restrictions etc.):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Is your child on any medication? Give details below:* \_\_\_\_\_

\_\_\_\_\_

*G.P Name:* \_\_\_\_\_ *G.P Contact Number:* \_\_\_\_\_

**Permissions/ Declarations**

*In the event of an emergency in which we are unable to make contact with you, do you give permission for the school to seek medical/ dental emergency care for your daughter?*

*Yes* \_\_\_\_ *No* \_\_\_\_

*Do you give permission to the school to share your contact details with the HSE in relation to the school Vaccination Programme, Sight and Hearing Screening and the school Dental Services?*

*Yes* \_\_\_\_ *No* \_\_\_\_

*Do you give permission for your daughter to avail of the services of the Special Education Teachers if deemed necessary?*

*Yes* \_\_\_\_ *No* \_\_\_\_

*Do you give permission for your daughter to taste food in school? (Usually as part of School Science lessons, baking/ cooking lessons etc.):*

*Yes* \_\_\_\_ *No* \_\_\_\_

**Give details of any foods your child is prohibited from eating (allergies/ dietary/ Religious reasons etc.):**

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**Do you give permission for your daughter to participate in all school arranged outings/activities? (visits to the church, outside venues, sporting events, school tours etc.)**

Yes \_\_\_ No \_\_\_

**Do you consent to your daughter's photograph being taken as part of the recording of various school events and activities?**

Yes \_\_\_ No \_\_\_

**Do you give permission for your daughter's photograph to be published on the school website and/or Twitter page as part of the recording of various school events and activities?**

Yes \_\_\_ No \_\_\_

**Do you give permission for the school to record your daughter's ethnicity and Religious Denomination on our Pupil Online Database?**

Yes \_\_\_ No \_\_\_

**I/ We have read the School's Code of Behaviour (Available on the School Website) and agree to abide by the School Rules:**

Yes \_\_\_ No \_\_\_

**I/We will inform the school of any change to contact details/ collection arrangements.**

Yes \_\_\_ No \_\_\_

**I/We declare that all information provided in this form is accurate and true:**

**Signed:** \_\_\_\_\_ **date:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **date:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

***Names of those with the authority to collect your child from school:***

*Note: Please Indicate 'bus' if your child will be travelling by bus.*

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