

Sacred Heart Primary School,
 Castle Street,
 Tralee,
 Co. Kerry.
 Eircode: V92 X093. Tel. 066/7123314.
 Email : presprimarytralee@gmail.com
 Web: www.presprimarytralee.com

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| For Office use only |
| Received: |
| Reg. No.: |
| Class: |

SCHOOL REGISTRATION FORM

(All information required for School Records only and will be treated in the strictest confidence)

| Child's Details | | Parent(s) / Guardian(s) Details | |
|---|---------------|--------------------------------------|--|
| Child's Forename | | Name of Legal Guardian 1 | |
| Child's Surname | | []mother []father [] other | |
| Irish Version of Name | | Occupation | |
| Date of Birth | | Address (if different from child's) | |
| Gender | male / female | Work PhoneNo | |
| Place of Birth | | Mobile No | |
| Address (at which child resides) | | Email address | |
| Eircode | | Name of Legal Guardian 2 | |
| Home Phone No | | []mother []father [] other | |
| Child's PPS No | | Occupation | |
| Religious Denomination of Child | | Address (if different from child's) | |
| Date child will enter this class | | Work Phone No | |
| Class child will enter | | Mobile No | |
| Name and class of other family members in this school | | Email address | |
| Previous school/preschool | | Number of children in family: | |
| Principal/Organiser | | Place of child in family: | |
| | | Mother's Maiden Name: | |

Does any legal order under family law exist of which the school should be made aware? _____
It is essential that the school be made aware of any court order or family arrangement, which might affect the child's welfare. It is also essential that the school be informed if there is any individual into whose custody the child should not be given. These matters should be discussed with the school principal

Are you eligible for assistance under the Free Book scheme? (lone parents, medical card holders or those with other social welfare entitlements may qualify) _____

Medical Information

Does your child have any medical problems?

Give details of food or medication your child is allergic to:

Name of Family Doctor: _____ Phone No.: _____

Children with Special Education Needs

Does your child have special educational needs? _____

Has your child attended a specialist care centre or school unit? (e.g. Kerry Intervention Disability Services, Speech and Language Therapy Unit)

Has the child been assessed? Yes / No. If yes, please give the following information:

Date of Assessment: _____

Person who referred for assessment: _____

Assessment Body or Person: _____

English as a second language

Nationality of Child: _____

Nationality of Parents: _____

Date of arrival in Ireland: _____

Mother: _____

Language spoken at home: _____

Father: _____

Any other language: _____

Last residential address: _____

Alternative arrangements in emergency situations

If it becomes necessary to send your child home due to sickness, accident, school closure etc. and we cannot contact either parent, please suggest two alternatives to contact (neighbours, friends, relations etc). Please ensure that those nominated are willing to act on your behalf and are within easy reach of the school.

| Name | Address | Phone Number(s) |
|------|---------|-----------------|
| | | |
| | | |

Please Note

The following documents must accompany this application.

Birth Certificate and Baptismal Certificate (if child is baptised in a Catholic Church)

Declarations: (Please tick) I hereby agree to

- The school contacting my child's preschool.
- To the terms of the school's Code of Behaviour.
- To the terms of the school's Privacy Policy.

Signatures:

Signature 1: _____ Signature 2: _____