

EDMONDSTOWN NATIONAL SCHOOL

PUPIL INFORMATION FORM

Date enrolled: _____

Child's Full Name: _____
Surname – Block Letters First Names

Date of Birth: _____/_____/_____ PPS No _____

Address: _____

Tel. No. _____ Religion: _____

Mother's Name: _____ Occupation: _____

Mobile No: _____ Employer's No: _____

Father's Name _____ Occupation: _____

Mobile No: _____ Employer's No: _____

On rare occasions, your child may have to be brought home early from school. Please give name, address and telephone number of someone else (friend, relative, neighbour) who would look after him/her if there was no one at home.

Name: _____ Tel No _____

Address: _____

If there is a serious emergency and we are unable to contact you at your telephone number, do we have your permission to bring your child to a Doctor or Casualty Department? Yes/No _____

Any other information of relevance to the class teacher when teaching your child: _____

P.T.O.

Has your child ever been referred to an agency providing Psychological/Psychiatric Services (e.g. Child Guidance Clinic, H.S.E.), Speech Therapist, Eye/Ear Specialist, etc.? Yes _____ No _____

If yes, please state the names of the services and dates of attendance:

Occasionally, we require parents to assist with transport – e.g. sports, choir practice, etc. If you have a difficulty with this arrangement, please contact us. Otherwise, we will presume that your child has permission to travel in this way.

The H. S. E. requests the names and addresses of the pupils in the school for the purpose of contacting families in regard to medical services which the State provides to schools. The school will provide this information to them unless expressly advised by you not to provide such information.

Separate notes should be sent to the Teacher regarding absences in accordance with the Educational Welfare Act.

Permission to be photographed or video-recorded while in the care of the teaching staff:

I / We hereby give permission for my child/children to be photographed or video-recorded, under the supervision of the Principal -
Yes _____ No _____

In relation to the junior classes, sometimes the teacher may need to help the children change their clothes. If you are satisfied with this, please indicate below and sign your name.

Yes _____ No _____ Signature: _____ Date: _____

I / We have read the school's Code of Behaviour and Anti-Bullying Policy; it is acceptable to me / us and I / we will make all reasonable efforts to ensure compliance with the Code by _____(child's name).

Signed: _____
Mother/Guardian Father/Guardian

Date: _____
