



Taunagh N.S., Riverstown, Co. Sligo.

071-9165605 taunaghns@gmail.com

Uimhir Rolla: 13196R



Enrolment Application Form

Enrolment application for entry to _____ Class Year of entry _____

Child's Name:	Date of Birth:
Gender: Male Female	Country of Birth:
Address:	Number of children in family:
	Child's place in family:
Home Phone Number:	P.P.S. number:
Religion:	Will school transport be required? Yes /No

Previous school/playschool attended (if any): _____

Class completed _____ Please enclose report.

Mother's Name	Father's name
Occupation:	Occupation:
Work Phone:	Work Phone:
Mobile Number:	Mobile Number:

Has your child been referred for any of the following?

Speech Therapy? Yes / No Occupational Therapy? Yes / No

Psychiatric / Psychological Assessment? Yes / No

Does your child have Special Needs? Yes / No (If yes, please make an appointment to see the Principal)

Does your child have any medical conditions / allergies? Yes / No (If yes, please give details)

Details of any illness / operation or emotional problem which may affect the child's progress in school:

Is your child taking long term medication? If yes, please specify.

What procedures will you put in place for your child to take that medication while in school?

Does any Legal Order under Family Law exist that the school should know about?

Do you give permission for your child's photo to be taken and published in the local press and on the school website? Yes No

Emergency Closure

In the event of an emergency occurring while the school is in operation, it may become necessary to close the school. In such an emergency the school will contact the parents via Text-a-Parent. It is therefore very important to notify the school immediately of a change of mobile number.

School Accident

In the event of an accident occurring during school hours, which would necessitate medical attention I request the school should contact

Name: _____ **Phone Number:** _____

Alternative Contacts

In case your child should become ill, and there is no one at home or in the event of parents being unavoidably detained and therefore unable to collect their children from school please give details below of two alternative contacts.

Name: _____

Address: _____

Telephone No.: _____

Name: _____

Address: _____

Telephone No.: _____

Signed: _____ **Date:** _____

Mother

Father

If any changes occurs to the above information i.e. change of telephone number /address etc. please notify the school immediately.

This form should be returned to the Principal as soon as possible.
The decision of the Board will then be forwarded to you.

Many thanks,
Linda McMahon
Principal