**APPLICATION FOR ENROLMENT**

 **for school year Sept 20\_\_ \_\_**

**Borris National School, Borris, Co. Carlow**

**Phone/Fax: (059) 9773402 email: *secborrisns@gmail.com***

|  |  |
| --- | --- |
| **Child’s First Name:** |  |
| **Surname as on Birth Certificate:** |  |
| **Gender:** | **Male: □ Female: □** |
| **Date of Birth:**  | ***dd/mm/yyyy*** |
| **Child's PPS Number:** |  |
| **Primary Nationality*****(if dual citizenship please state)*** |  |
| **Religion:** |  |
| **Place of Baptism: *(if baptised)*** |  |
| **Mother’s Name:** |  |
| **Mother’s Maiden Name:** |  |
| **Mother’s Address:** |  |
| **Mother’s Home Telephone No:** |  |
| **Mother’s Mobile No:** |  |
| **Mother’s Occupation:** |  |
| **Father’s Name:** |  |
| **Father’s Address:** |  |
| **Father’s Home Telephone No:** |  |
| **Father’s Mobile No:** |  |
| **Father’s Occupation:** |  |
| **Name of childminder *(if any):*** |  |
| **Contact No. for Childminder:** |  |
| **Has your child attended playschool/ preschool / ECCE year?** | **Yes: □ No: □** |
| **For how long did your child attend?** | **Years: \_\_\_\_\_\_\_\_****Days per week: \_\_\_\_\_\_\_\_ Hours per day: \_\_\_\_\_\_** |
| **Name of play/preschools and/or any previous school(s) attended:** |  |
| **Details of any illness/medical conditions:** |  |
| **Any other problems?** **(e.g. sight, speech, hearing)** **If so, has your child been referred?** |  |
| **Does your child have an assessment/report?** |  |
| **Name of family doctor** |  |
| **Doctor/Surgery Phone No:** |  |
| **In case of accident / emergency, do we have your permission to take him/her for medical treatment?** | **Yes: □ No: □** |
| **In the event of an emergency please give details of someone local we can contact should you be away:****(a) Name of contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****(b) Contact person’s phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****(c) Contact person’s address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Mobile Number for school Text-A-Parent: *(receive notification of events, closures etc)*** |  |
| **Email address that we may contact you on:** |  |

**All applications for enrolment are subject to the school’s current enrolment policy.**

**Please return this form to the school and include copies of;**

 \* Child's Birth Certificate (compulsory)

 \* Baptismal Certificate (if baptised or if baptised outside this parish)

 \* Medical reports (if applicable)

 \* Educational Reports (if applicable)

 \* Psychologist/psychiatric reports (if applicable)

 \* Therapist Reports e.g. Speech & Language (if applicable)

*A copy of certificate(s) will be made and the original(s) returned to you.*

**Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received by school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**