



Is there a court order relating to the child:      Yes      No  
     

Documentation provided:      Yes      No  
     

Name of emergency contact person: \_\_\_\_\_

Ph: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Name of brothers in Scoil Fhursa: \_\_\_\_\_

Has your child attended      **Early Start**      **Creche**      **Playgroup**  
           

**Medical Details:** Please give details of any history of ill health or allergies

\_\_\_\_\_  
\_\_\_\_\_

Is the administration of prescription medication required during the school day?

Yes  No  Details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name & Address of family doctor: \_\_\_\_\_

\_\_\_\_\_ Ph: \_\_\_\_\_

Name of previous creche/playgroup/school: \_\_\_\_\_

Principal: \_\_\_\_\_ Contact No: \_\_\_\_\_

Reports enclosed:      Yes       No

Special Educational Needs [if applicable]: \_\_\_\_\_

Special Educational Needs reports attached      Yes       No

Resources approved by Dept. of Education & Science in previous school [if applicable]

\_\_\_\_\_  
\_\_\_\_\_

**Please tick the following boxes:**

- I/We wish to enrol my/our child in Scoil Fhursa. I/We agree to uphold the schools Discipline for Learning [DFL] Code of Behaviour and to support the school in its implementation of its various school polices. I have received a copy of the DFL school policy.
- I/We have supplied a birth certificate.
- I/We have supplied a baptismal certificate.
- I/We have supplied a PPS number for our child.
- I/We give the school permission to pass on details of my/our child's name, address and date of birth to the health board, in order to facilitate immunisations/sight/hearing test that may take place in the school.
- I/We understand that no immunisation/sight/hearing tests will be carried out on my child without my/our prior permission.
- I/We give permission for relevant details to be used on the Dept. Of Education & Skills Pupil Online Database [POD].
- I/We also give the school permission, as and when it sees necessary, to administer all standard education tests to my/our child.
- I/We understand that I/we will be contacted for written consent should any psychological testing be considered necessary.
- I/We give my/our permission for photographs/videos to be taken in school that include my/our child [but not his name] for displays, school newsletters, school celebrations and social media. [Scoil Fhursa Facebook and FursaFilms]
- I/We give permission for our child to go on local class educational trips during the school day. [community hall for P.E., St. Luke's church etc.]
- I/We understand that a note/written permission is necessary for longer outings such as cinema trips, school tours etc.

Signed:

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Parent/Guardian

Date:

\_\_\_\_\_

