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|  | **St. Patrick’s National School**  **Drumshanbo, Co. Leitrim. N41 PY61.**  **Roll No. 19423J**  **Phone: 071 96 41755**  **Email:** [**stpatricksnsdrumshanbo@gmail.com**](mailto:stpatricksnsdrumshanbo@gmail.com)  **Website: stpatricksnsdrumshanbo.ie** | |
| School Enrolment Form | | |
| **Name of Child**  *(in full as on birth cert)* |  | |
| **Address at which child resides** |  | |
| **PPS number** |  | |
| **Date of birth** |  | |
| **Nationality** |  | |
| **Country of birth** |  | |
| **Date of child’s arrival in Ireland**  *(if not born here)* |  | |
| *Parents and legal guardians are entitled to be consulted and informed about their child’s education and are entitled to access to their child during school hours.* | | |
| **Parent 1 / Guardian’s name** |  | |
| **Nationality** |  | |
| **Home telephone number** |  | |
| **Work telephone number** |  | |
| **Mobile number** |  | |
|  |  | |
| **Parent 2 / Guardian’s name** |  | |
| **Nationality** |  | |
| **Home telephone number** |  | |
| **Work telephone number** |  | |
| **Mobile number** |  | |
| *If you change your mobile number during the school year, please inform us immediately. (We send regular messages using your phone number/email through the “Aladdin” service). Also please let us know if addresses change.* | | |
| **Is the child living with both parents?** |  | |
| **Position of child in family**  *(1st, 2nd,3rd etc.)* |  | |
| **Number of children in family** |  | |
| **Parent’s email address:**  *(One is sufficient)* |  | |
| **Religious denomination of child**  *(if applicable)* |  | |
| **Please ensure that you have included a Birth Certificate.**  *(You may also include a Baptismal Certificate at this time but it is not a requirement for enrolment.)*  **Any documents will be photocopied and returned to you.** | | |
| **What preschool/primary school has your child previously attended?** | |  |
| **Class into which you wish to enrol your child** | |  |
| **Names of siblings in this school** (if applicable) | |  |
| **Has your child ever had a psychological assessment?** | |  |
| **Has your child ever received a Speech and language report?** | |  |
| **Has your child ever received an OT report?** | |  |
| *If there is any change in this regard or if there is any other information which you think may be relevant* ***it is very important that the school is informed immediately.*** *Also if there are any changes in circumstances that may affect your child’s well-being in school, please inform the principal or class teacher.* | | |
| If there is any other information that you think is relevant or that may help us to better understand your child, please include it here: | | |

**Please note:**

* **Acceptance of the St. Patrick’s NS Code of Behaviour is a condition of enrolment in the school. It is available to view on the policy page of stpatricksnsdrumshanbo.ie.**

**Before enrolment takes place you will be asked to sign a form indicating that you have read the COB and that you accept its content.**

*I declare the above information to be correct and understand that it will be treated as confidential. I consent for the information to be stored in the Primary Online Database and transferred to the Dept. of Education and Skills and to other primary school. I understand that this will only be commenced if my child is accepted into the school.*

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**For School Use:**

**Enrolment form received:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth Certificate received**: Yes **/** No **Baptismal Certificate received**: Yes / No **/** Not applicable