

**Shraigh National School,
Bunnahowen,
Ballina,
Co. Mayo.**

**Tel: 097 81636
Email: shraighns@gmail.com
Website: www.shraighns.ie**



Registration/Enrolment/Child's Details.

Name of child _____ Date of birth _____

Name on birth cert (if different from above) _____

Home address _____

Email address _____

Eircode _____ Phone no. _____

PPS no: _____ Religion _____

Father's name _____

Mobile no. _____ Work no. _____

Mother's name _____

Mobile no. _____ Work no. _____

Playschool _____

Previous school/class _____ (if transferring from one school to another)

Intended class _____

Give details of any health conditions (e.g. asthma, eyesight, hearing, allergies, etc.) or emotional problems which may effect your child at school.

Please give details if there is a family history of any health or physical attributes, which may or may not impact on your child's language or progress at school.

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Any specific needs or educational needs your child has:

Any resources which need to be acquired prior to enrolment of child:

Names / Phone numbers of persons who have permission to collect your child at school:

Emergency Closings

In any event of any emergency occurring while the school is in operation, it may become necessary to close the school. In such emergency, it is advisable to ensure the safe return home of pupils. In order to help plan for such an event, please provide the following information.

Name and telephone number of person with whom the child may be left in the event of you being unavailable should any of the above situations arise.

(A second person is to be nominated in the event of the first designated not being available.)

1) **Name:** _____ Phone No. _____

2) **Name** _____ Phone No. _____

Signature of parent: _____

Your co-operation in this matter is expected in the interest of your child's safety.

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Accident /Illness

Student's Name: _____

Parents' Names: _____

Tel. No. _____ Mobile :_____

Family Doctor: _____ Tel. No.:_____

If your child has an accident during school hours, which, in the opinion of the school authorities, would necessitate medical attention, the policy of this school is:

- A. To contact parents
- B. Your child be seen by any doctor if family doctor is not available
- C. That your child be sent to Accident and Emergency

If your child should become ill during school hours, and there is no reply to a telephone-call to your home, please give name / telephone no. / address of two neighbours or family-members who may be contacted.

Name: _____
Address: _____

Tel. No. _____

Name: _____
Address: _____

Tel. No. _____

Signed: _____ (Parent/Guardian)

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