Registration Form



Cloonbonniffe N.S.

Castlerea

Co. Roscommon

Tel.: (094) 9640388

**Any information you give will be treated with the strictest confidence.**

**USE BLOCK CAPITALS PLEASE**

**1. Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female : \_\_\_\_\_\_\_\_\_\_\_\_**

**2. Surname in Irish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Name and class of siblings already in the school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Number of children in the family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. PARENTS: The following information is needed for registration purposes.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Language/s spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of arrival in Ireland: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Home Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. Mobile No. for “text-a-parent”: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. 1st contact person if parent not available: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **2nd contact person if parent not available: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11. Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Baptism** (if applicable)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE ATTACH COPY OF BAPTISIMAL CERTIFICATE if child was baptised outside the parish.**

**12. Child’s P.P.S. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.P.S. number is required when an application is being**

 **made for resources.**

**13. Name and address of pre-school or previous school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**14. Phone no. of previous school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **I give permission to Pat Bolton (principal) to discuss the needs of my son/daughter, with the manager of the**

**No**

**Yes**

 **pre-school/school listed above.**

**15. Name and phone no. of Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No**

**Yes**

**16. Has your child ever been referred to a specialist by your doctor?**

**If yes please give brief details for referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**No**

**Yes**

**17. Has your child any allergies:**

**If yes please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**18. Does your child appear to have any difficulties with the following:**

**Yes**

**Yes**

**Yes**

**Hearing: Speech: Vision:**

**No**

**No**

**No**

 **If you have answered yes to any/all of the above please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PLEASE ATTACH A COPY OF ALL ASSESSMENTS RELATING TO YOUR CHILD’S DEVELOPMENT AND/OR NEEDS**

**19. Has your child ever had any type of assessment?**

**No**

**Yes**

**If yes please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**20. Do you give permission for your child to go on school trips under teacher supervision during the school day e.g trips to**

**No**

**Yes**

 **the local town park, local historical buildings etc.**

**21. Sometimes journalists visit our school to take pictures of the children e.g awards/prizes, sporting events, first day at**

**No**

**Yes**

 **school etc. Do you give permission for your child to be photographed for school projects, local newspapers, and school**

 **related activities?**

***The Board of Management cannot be held responsible for pictures/video taken by parents at Outings, Celebrations, School Concert etc.***

**No**

**Yes**

**22. Do you give permission for your child’s photo to be used on the school website?**

**23. Sometimes the school is requested to pass on names of children and their addresses to the Health Board for**

**No**

**Yes**

 **immunisation purposes, to secondary schools when children are transferring to second level, to sporting bodies when**

 **children are taking part in games outside the school. Do you allow the school to pass on this information to these three**

 **bodies?**

**24. The school teaches Relationships and Sexuality Education (RSE) using the guidelines provided by the Department of**

 **Education and Science. If you would like to view the content of the programme used in the school for teaching RSE you**

 **are welcome to do so.**

 **If you have any concerns with regard to RSE please tick this box so that an appointment will be made with the**

 **principal to discuss your concerns.**

**Yes**

**25. Do you give permission for your child to take part in Swimming lessons organised by the school?**

**No**

**The information I have given in this form is accurate.**

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

**IF ANY OF THE DETAILS IN THIS FORM CHANGE - FOR EXAMPLE, IF YOU MOVE HOUSE, CHANGE YOUR PHONE NUMBER ETC. WOULD YOU PLEASE INFORM THE SCHOOL AT THE EARLIEST OPPORTUNITY.**