



# PRESENTATION PRIMARY SCHOOL BANDON

## ENROLMENT FORM

(All parts of this form must be completed)

<b>Full Name (as on child's birth certificate):</b>	
<b>Address:</b>	
<b>Date of Birth:</b>	<b>PPS Number:</b>
<b>Class of Entry:</b>	<b>Religion:</b>
	<b>Baptised Yes/No</b>
<b>Nationality of Child:</b>	<b>Nationality of Parents:</b>
<b>First Language /Language used at Home:</b>	
<b>Fathers Name:</b>	<b>Mothers Name:</b>
<b>Address:</b>	<b>Address:</b>
(if different from child)	(if different from child)
<b>Fathers Occupation:</b>	<b>Mothers Occupation:</b>
<b>Fathers Mobile:</b>	<b>Mothers Mobile:</b>
<b>Fathers Email:</b>	<b>Mothers Email:</b>
<b>Home Phone No:</b>	<b>Emergency No:</b>
<b>Work Phone No(s):</b>	<b>Text-a-Parent No:</b>
<b>Other Contacts:</b>	
(If parents are not available: Please contact)	
<b>List of Possible Collectors:</b>	
<b>Name of Pre-School/School:</b>	<b>Number of Children in Family:</b>
<b>Place of Child in Family:</b>	<b>Names of sisters currently in Presentation Primary School:</b>

**Address:** Presentation Primary School, Dunmanway Road, Bandon, Co. Cork. Eirecode P72 DF21

**Tel:** 023/8841809 | **Roll Number:** 05257P | **Email:** presprimbandon@eircom.net | **Web:** www.presentationprimarybandon.com

## Medical History:

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Doctor: \_\_\_\_\_

Phone No: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone No: \_\_\_\_\_

### Permission:

(please circle yes or no)

1. Do you comply with the implementation of our Code of Behaviour including the school rules.
2. Do you give permission for your child to be taken straight to hospital in case of serious illness or accident?
3. Do you give permission for the school support staff to undertake diagnostic testing, should it be deemed beneficial?
4. Do you give permission for your child's photograph to be taken and used on the school website, facebook page, instagram page or for school events being reported in local media publications?
5. Do you give permission for your child's uniform being changed by a teacher in the presence of another adult in case of illness or toilet accident?
6. Do you give permission for your child to be instructed in the Catholic Faith and to be included in Liturgical celebrations in keeping with the school's Catholic ethos, such as Mass, May Procession, etc.?
7. Do you give permission for your child to go on school trips under teacher supervision? (e.g. basketball, athletics, school tours, history/educational tours etc.)

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Do you have any Medical/Educational concerns about your child? \_\_\_\_\_

Has your child been referred for professional help to a speech therapist, psychologist, social worker or any other specialist? Please give details

Please make the school aware as early as possible of any family situation such as bereavement, separation, custody issue or ill health that could impact on your child, so that we can be as supportive as possible.

**Please complete all parts of this form and enclose a copy of your child's birth cert and baptismal cert (if applicable). Please return to School Office as soon as possible.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_