



Scoil Éinde Enrolment Form

Dr Mannix Road, Salthill, Galway
Tel: 091 521272, mobile: 0851951143
email: scoileindegalway@gmail.com
Website: www.scoileindesalthill.ie Roll No: 18929N

Please complete the form in CAPITAL LETTERS and return to the school with a copy of your son's birth cert.

Pupil's First Name: _____ Pupil's Surname: _____

Birth Cert First Name: (if different from above) _____

Birth Cert Surname: (if different from above) _____

Pupil's Name in Irish: (if known) _____

Pupil's Address: _____

Date of Birth: _____ PPSN: _____

Nationality: _____ Religion: _____

Father's Name: _____ Occupation: _____

Father's Address: (if different from pupil's) _____

Phone No: _____ Email Address: _____

Mother's Name: _____ Occupation: _____

Mother's Address: (if different from pupil's) _____

Phone No: _____ Email Address: _____

Contact in case parents not available:

Name: _____ Relationship to child: _____ Phone: _____

Should any of these numbers change while your child is attending this school please inform us immediately.

In the event of an emergency, should we fail to contact you, do you give permission to the school to bring your child to the doctor/hospital?

Yes ☐ No ☐

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Medical Card Holder: Yes ☐ No ☐

Previous School/s Attended: _____

Class being applied for: _____

Are there any problems, concerns or developmental delays the school should be aware of?

Has your child ever had a psychological assessment?

Has your child ever had a speech and language assessment?

(Please supply the school with copies of any reports which have been carried out on your child)

Please answer YES or NO to the following (please circle as appropriate):

- 1 During the course of the school year, all classes partake in a variety of different activities outside the school premises. These include, for example, football and hurling matches, swimming, athletics, school tours, educational tours and any other activities that arise.
We give permission for our child to partake in school trips and tours that may arise:

YES NO
- 2 We give our consent to the staff of Scoil Éinde to obtain professional medical aid for our child in the case of a medical emergency or serious injury:

YES NO
- 3 There are forms to be filled during the school year where the name of your child(ren) and/or date of birth/address/phone number is requested e.g. School Dentist, School Nurse, Galway City Sports, Competitions.
In order to comply with Data Protection, we require your permission to pass on this information to the relevant body:

YES NO
- 4 We give permission for our child's photograph to be published on our website www.scoileindesalthill.ie and our Facebook page, should the occasion arise.

YES NO
- 5 We agree that we will accept the Code of Discipline of Scoil Éinde

YES NO
- 6 I give permission for my child to take part in the school's RSE programme

YES NO
- 7 I would like my child to make his First Holy Communion and Confirmation.
If YES please include a copy of your child's stamped Baptismal cert.

YES NO
- 8 I give my permission for my child to use the internet under the supervision of a teacher as per Scoil Éinde Internet Use Policy.

YES NO

Parents'/Guardians' Signatures:

1. _____

2. _____

Date: _____