



Cliffoney National School

Cliffoney, Co. Sligo

Principal: Ms Louise Kerins

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www.cliffoneyns.com

Enrolment Form 2016/2017

1. Child's name: _____
2. Address: _____
3. Eircode: _____
4. Home telephone: _____
5. Date of Birth: _____
6. Child's PPS Number : _____
7. Child's Nationality: _____
8. Mother's Maiden Name: _____
9. Religion: _____
10. Parish in which child now lives: _____
11. Date of Baptism: _____ Place of Baptism: _____
12. Number of children in the family and their ages _____
13. Place of child in family _____
14. Who are the legal guardians of the child? _____
15. Parent/Guardian's names in full: (Please notify school of changes to phone numbers)
Name _____ Name _____
Mobile No: _____ Mobile No: _____
Work No: _____ Work No: _____
Email: _____ Email: _____
16. Does a legal order under Family Law exist, regarding your child that the school should be aware of?
Yes or No
17. Person(s) other than parent/guardian to be contacted in case of emergency
 - a. Name: _____
 - b. Address: _____
 - c. Phone Numbers: _____
 - d. Relationship to child: _____

18. To which ethnic or cultural background group does your child belong? (please circle one)
(Categories are taken from the Census of Population)

White Irish	Irish Traveller	Roma	Any other White Background	
Black African	Any other Black background		Chinese	Any other Asian background
Other (inc. mixed background)		No consent		

19. Any medical conditions we should be aware of? (Please circle, if applicable)

Asthma	Epilepsy	Sight Difficulties	Hearing Difficulties	Speech Difficulties
Other	Please give details _____			

20. Is your child on any medication? _____

21. Is your child being seen by any Agency and if so, by whom?

22. Does your child show any behavioural challenges? _____

23. Does your child have any special needs?

24. Has there been any major trauma in your child's life?

25. Are there any issues you think the school may need to know about?

26. Any other relevant information: _____

27. Playschool attended (if any) _____

28. School/class(if transferring from another school): _____

Intended School class: _____

We are aware of the uniform requirements and we accept Cliffoney National School's Code of Behaviour, Anti-Bullying Policy and Child Protection Policy. (Available from the school or online @ www.cliffoneyns.com)

We consent for this information to be transferred to the Dept of Education Pupil Online Database (POD).

We will co-operate with the staff and support the Catholic ethos of the school.

Signed: _____

Parent/Guardian