

S.N. Br. Mícheál Ó Cléirigh
Creedy,
Ballyshannon,
Co. Donegal.
Phone 071 9852090
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REGISTRATION FORM

CHILD'S NAME: _____

(as per Birth Certificate)

DATE OF BIRTH: _____ **GENDER:** Male _____ Female _____

PPS NO. (Child's own number): _____

NATIONALITY: _____ **MAIN LANGUAGE SPOKEN AT HOME:** _____

ADDRESS: _____

MOTHER'S NAME: _____

MOTHER'S MAIDEN NAME: (if applicable) _____

PHONE: Home: _____ Mobile: _____

EMAIL: _____

FATHER'S NAME: _____

PHONE: Home: _____ Mobile: _____

EMAIL: _____

OTHER CONTACT DETAILS IN CASE OF EMERGENCY

Name	Number	Relationship to child
1		
2		
3		

NAME AND TEL NO. OF FAMILY DOCTOR:

Name: _____

Phone/Mobile: _____

NAME AND ADDRESS OF ANY PREVIOUS SCHOOL/S ATTENDED:

WHAT CLASS LEVEL DID THEY COMPLETE IN THAT SCHOOL: _____

RELIGIOUS DEMOMINATION (Optional): _____

If Roman Catholic, please enclose a Baptismal Certificate, otherwise please enclose a Birth Certificate.

- Do you give permission to take your child straight to GP or hospital in case of serious illness or accident? _____

- Do you give permission for your child to take part in the Social, Personal and Health Education Programmes, Stay Safe and RSE? _____

- Do you give permission for your child to be photographed for school purposes?

- Does any legal order under family law exist that the school should know about?

- Does your child experience a physical or learning disability that the school should be aware of? ***Any relevant reports or assessments should be forwarded to the school by the end of February in order for supports to be in place for September.***

- Any other relevant health information?

I consent for the above information to be stored on the Primary Online Database (POD) and transferred to the Dept. of Education and Skills and any other primary schools my child may transfer to.

We will co-operate with the school rules and procedures and support the ethos of the school.

Signed: _____

Date: _____

(Parent/Parents/Guardian)