

Nicker National School Registration Form

Name of Child	
Date of Birth	
Child's PPSN	
Name(s) of parents/guardians	
Home Address (incl Eircode)	<hr/> <hr/> <hr/>
Telephone Numbers for parent/guardians/caregivers of your child	1. _____ 2. _____ 3. _____
Date/Place of Baptism	
Parents' Occupation	
Name of Preschool/Montessori/any previous schools attended	
Arrangements to be made if child becomes ill in school	(Please note: if your child is living with a long term medical condition, please attach relevant details)
Name of Family GP	
Do you give permission for your child to be taken directly to hospital in the case of serious illness or accident	<input type="checkbox"/> Yes, I give permission. <input type="checkbox"/> No, I do not give permission.
Does any legal order under Family Law exist that the school should be aware of (custody arrangement etc.)	

Other useful information

- Please include information regarding any difficulties that your child may have/had in relation to their early development, including physical health issues. This information may include things like allergies, asthma, epilepsy, issues with sight, speech and language difficulties, hearing, fainting etc).
 - Please indicate whether your child has any difficulties with toilet training, or any other self care difficulties (feeding, managing to take off/put on own jumper, coat and shoes).
 - Please indicate whether you are in receipt of medical card or Social Welfare which may entitle you to the Back to School Allowance/Book Scheme.
 - The school should be made aware of any court order which affects your child's welfare and also the name of the person into whose custody the child should be given.
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Nicker National School Enrolment Application Form

Pupil's First Name: _____

Surname: _____

Date of Birth: _____

Gender: _____

Address (at which the applicant resides): _____

Name and class of Sibling(s) currently enrolled:

Parish in which the applicant resides: _____

Parent(s)/Guardian(s) Details:

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Home Tel. _____

Mobile _____

Email. _____

Name: _____ [] Parent [] Custodian [] Legal Guardian

Address: _____

Home Tel. _____

Mobile _____

Email. _____

Signature 1: _____ Signature 2: _____

Date: _____ Date: _____

**Important: Completed enrolment applications must be returned to Nicker NS no later than 12.30pm
on March 31st**