

Poulacapple N.S.

Enrolment Form



Name of Child : _____

Address: _____

Eircode: _____

Date of Birth: _____ P.P.S. Number: _____

Religion: _____

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Name & Address of Mother/Guardian: \_\_\_\_\_

Mother/Guardian Occupation: \_\_\_\_\_

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Name & Address of Father/Guardian: _____

Father/Guardian Occupation: _____

Medical:

In the event of illness or accident at school, parents may be contacted at:

Home phone no: _____

Name & Mobile number: _____

Name & Mobile number: _____

Work phone no: _____

Other contacts: _____ Relationship to child

Email Address: _____

If you cannot be reached do you consent to the principal contacting our school doctor. Yes No

Name of family doctor: _____ Doctors Phone no: _____

Does your child suffer from any medical condition or allergies that the school should be aware of?

If yes, Please give details: _____

Any other relevant information: _____

Birthcert: enclosed Yes _____ No _____

Signed: _____ Parent/Guardian

Signed: _____ Parent/Guardian

Signed: _____ School Principal

Dated: _____

*All information is confidential and it is for school purposes only to ensure the safety
and well being of your child..*

Poulacapple N.S., via Callan, Co. Kilkenny

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