

# 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 email: \_\_\_\_\_

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

\_\_\_\_\_

Father/Guardian email: \_\_\_\_\_

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**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

Other contacts: \_\_\_\_\_ Relationship to child

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..*

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

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