

APPLICATION FOR ENROLMENT

Part 1 Family Details

(Required for school enrolment and parental contact purposes)

1. Surname	2. Child's Forename/s
3. Date of Birth	
1st Parent/Guardian Details	2nd Parent/Guardian Details
Forename	Forename
Surname	Surname
Address	Address
Phone No. (Home)	Phone No. (Home) if different
Phone No. (Work)	Phone No. (Work)
Phone No. (Mobile)	Phone No. (Mobile)
Email Address	Email Address
Other Emergency Name and Contact Number	
Name _____ Phone Nos. _____	
Relationship to Child _____	

**** Please notify the school immediately of any change of contact details.**

If there are any orders or other arrangements in place governing access to, or custody of, the child, please provide details.

Part 2 Consent for School Activities/Emergencies

Name of Child: _____

Teacher's Name: _____

I/We give permission for my/our child:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. to go on school outings (paragraph 1) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. to be treated for minor injuries (paragraph 2) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. to have doctor/ambulance summoned, if necessary (paragraph 3) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. to use the internet under teacher supervision (paragraph 4) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. to appear in photographs on the school Website (paragraph 5) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Any other medical concerns/information of relevance? | | |

I/We give permission for all academic information pertaining to my/our son to be released from Belgrove Junior Boys to Belgrove Senior Boys' Learning Support Team:

Yes No

Signed: _____

(Parents/Guardians)

Date: _____

Part 3 Contract

Student Contract

Date: _____

Name: _____

I have read and I accept the School Code of Behaviour

Student's Signature: _____ **Date:** _____

Parent (Contract and Consent)

In registering my above named child as a student in Scoil Eoin Baiste, I understand that this implies a full acceptance of the rules of the school as laid down by the Board of Management.

As a partner in the education of my child, I recognise the need for me to do my utmost to support the work of the school.

Parent/Guardian Signature(s): _____

Date: _____

Part 4 Parents' Association

Parents Association in existence in the school who assist/organise various activities in the school.

I wish to join the Parents' Association

Yes

No

I would be willing to assist with Parents' Association activities.

Yes

No

Name

Contact No.