

NAGLE-RICE PRIMARY School
Killarney Rd.,
Milltown, Co. Kerry
(066) 976 7625
office@naglericens.com



Scoil de NÓgla-Rís
Baile an Mhuilinn,
Co. Chiarraí
www.naglericens.com

First Name _____ Last Name _____ Middle Name _____

Irish version of your child's name: _____ (otherwise school will translate)

Child's Home Address _____
_____ Eircode _____ (Proof of address required)

Home phone No : _____ (landline only)

Gender: Male Female: PPSN No:

Date of Birth: _____ (a copy of your child's Birth Cert needs to be attached)

Nationality: _____ Country of Birth: _____

Religion: _____ Is the child living with both Parents? _____

Previous Schools attended: -

Name: & Address _____

Phone Number: _____, Class: _____

Name of Pre-School attended: _____

Mother's First Name: _____ Last Name: _____

Email (print clearly): _____

Mobile No: _____ Work telephone No: _____

Father's First Name: _____ Last Name: _____

Email: _____

Mobile No: _____ Work telephone No: _____

Guardian's Name: _____ Mobile No: _____

Emergency Contacts

The people you nominate to contact and/or who have permission to collect your child from school.

	Name	Relationship to Child	Phone No.
1			
2			

Position of your child in your family (1st, 2nd, 3rd, etc) _____ Number of children in the family: _____

Names & Class of sibling(s) currently enrolled in Nagle-Rice PS

Name(s) of Past Pupils of Nagle-Rice PS _____

Ethnic/Cultural background: _____
(eg White Irish / Ir. Traveller/ Roma / Black or White African / Asian or Asian Irish / Any other white background.)

Was your child baptised? Yes: No: If yes, please attach a copy of their Baptismal Cert.

- Has your child ever had a Psychological Assessment, received a Speech and Language report, received an Occupational Therapy report? _____ (If yes, please enclose copies of these reports)

Is there any other relevant information about your child/children which we should know? eg. Additional/Special Needs? etc. _____

Is your child receiving any form of support in play school? _____

Does any Legal Order under Family Law exist that the school should be aware of? _____

Medical Emergency/Accident

That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you. I authorise that at their discretion a member of staff may bring my/our child/children to a Doctor/Hospital if an emergency arises. **SIGNED:** _____

Family Doctor Doctor's Name _____ Telephone No: _____

Please specific if your child has any medical condition (e.g., allergies, asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school? _____

PERMISSIONS:

- 1) I /we give permission to allow my/our child's **Photograph/Image** to be included in school-related activities (School Website, Facebook, Instagram, and/or print media, competitions, etc.)
- 2) I/we give permission to attend **School Tours/Trips** and Outings, extra-curricular activities.
- 3) I /we give permission to allow **my/our Family Details** (name, address, date of birth, etc.) to be given to agencies such as The Department of Education, HSE (school nurse, doctor, dentist), etc.
- 4) I/we give permission to allow my/our child to use **Seesaw & Google Classroom**. (Educational apps).

Signed: _____ **Parent/Guardian** **Signed:** _____ **Parent/Guardian**

Declaration:

I/We wish to enrol my/our child in Nagle-Rice PS and declare all the above information to be correct. I understand that all information will be treated as confidential and will only be shared with agencies as mentioned above. I/we confirm that I/we have read a copy of the School's Mission Statement (Schedule), Admission Policy, Code of Behaviour & Anti-Bullying, Child Safeguarding Statement & Risk Assessment and Data Protection Policy, which are available from the school and on the school's website www.naglericens.com I/we understand that by signing this as parent/legal guardian I/we agree to accept and will abide by the policies of the school. If you have any questions or queries about any aspect of this registration form please do not hesitate to contact the principal at (066) 976 7625 or office@naglericens.com

Signature: _____
(Parent/Guardian)

Signature: _____
(Parent/Guardian)

Relationship to child: _____

Relationship to child: _____

Print Name: _____

Print Name: _____

Date: _____

