

Lenamore National School-School Enrolment Form

Name: _____

Child's PPS No: _____

Date of Birth: _____ (please attach copy of birth cert.)

Religion: _____

Date of Baptism: _____ (please attach copy of baptismal cert if your child was not baptised in Ballylongford)

Parents' Names: _____

Address: _____

Home Tel No.: _____ **Mobile No.:** _____

Works Tel No.: _____

Who has access to your child, as regards being collected from school?

Name of Family Doctor: _____

Health Conditions: _____

(Please list any health conditions of which the teacher should be aware e.g. sight, hearing, bladder / bowel problems etc.)

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If my child gets sick at school and I cannot be contacted, please contact

Name: _____

Address: _____

Tel No.: _____

Is your child predominantly right handed or left handed?

I consent to allow _____ to take part in diagnostic testing and to possibly attend the Learning-Support class.

Please add any further information which you consider may be useful to the teacher

Signed: _____ Date: _____