



STUDENT INFORMATION FORM

Personal Information

Child's First Name: _____

Child's Surname: _____

Child's Middle Name (if any): _____

Male Female

Date of Birth: _____ PPS No: _____

Address: _____

Child's Position in Family: _____ Country of origin: _____

Religion (if any): _____ (optional) Mother tongue: _____

Language spoken at home: _____

If your child is not born in Ireland, how long has your child lived in this country

Health Information

Family Doctor: _____ Phone No.: _____

Address: _____

Does your child have any medical conditions/allergies we should know about? – (e.g. asthma, epilepsy, diabetes or prone to anaphylactic attacks). If yes, please give details here.

In the event of an emergency can we contact the emergency services prior to making contact with you or with the emergency numbers provided?

Yes

No

Emergency Contact Name (if parents not available): _____

Phone Nos.: _____ Relationship to Child: _____



STUDENT INFORMATION FORM

Parent(s)/Guardian(s)' Details:

Mother's name: _____

Country of origin: _____ Occupation: _____

Home Phone No.: _____ Work Phone Number: _____

Mobile Phone Number: _____

Email address: _____
(BLOCKED CAPITALS)

Father's name: _____

Country of origin: _____ Occupation: _____

Home Phone No.: _____ Work Phone Number: _____

Mobile Phone Number: _____

Email address: _____
(BLOCKED CAPITALS)

Child resides with: _____

Do you have any skills (I.T. Carpentry, Gardening, Sports, Art etc.) you feel you can offer the school.
If you can help out with fundraising or volunteer your time for events within the school please state.

COMMENT: _____



STUDENT INFORMATION FORM

Educational Notes

Junior Infant Enrolment

Has your child attended pre-school? _____ For how long? _____

Did your child meet all the developmental milestones: _____

If you are answering no please advise _____

Do you have any concerns about your child's developmental progress to date?

(Has your child had **speech and language delays/emotional issues/developmental concerns etc?**) If you are answering yes to this question, please contact the Principal as supports can be put in place once we have the proper information. Also, it is useful for us to know this information should your child experience difficulties in the future. It also helps us when planning for the individual pupils we teach.

Yes No

Details: _____



STUDENT INFORMATION FORM

Children Transferring from Another School

Senior Infants to Sixth Class Enrolment New Enrolments

Last School: _____

Address: _____

Phone No: _____

Enrolment date in last school: _____

Leaving date in last school: _____

Current Class: _____

Principal's name _____

Reason for Transferring Child: _____

Note: Where a Parent/Guardian wishes to transfer their child/children from another Primary school, the Principal Teacher will make contact with this school prior to the child being enrolled in Belmayne Educate Together National School.

Has your child ever:

Repeated a class? _____

Received learning support? _____

Attended for psychological assessment? _____

If so, where is the psychologist's report located? _____



STUDENT INFORMATION FORM

PARENTAL CONSENT FORM

- I give permission for my child to be photographed during school activities or videoed for school productions.
- I give permission for my child to use the internet for educational purposes during school hours on the school premises.
- I give permission for my child to be involved in local outings – outings that are not more than 2 miles from the school such as nature/maths trails in the immediate locality.
- I give permission for pictures/video of my child to be uploaded to the School website.

Child's Name:

Parent/Guardian Signature:

Parent/Guardian Name:

(BLOCKED CAPITALS)

***Notes will be sent home regularly to advise of trips that are happening throughout the year and you will be asked to sign permission slips for longer trips e.g. School Tour*

Belmayne Educate Together National School

Belmayne Avenue, Dublin – 13. Tel/Fax 01-8296980

Email: belmayneet@gmail.com or secretary.belmayneet@gmail.com



STUDENT INFORMATION FORM

Date of Child's Admission into Belmayne Educate Together N.S.: _____

Important: It is the parents/guardians responsibility to inform
The school of any changes in the above information.

Thank you for your co-operation in completing this form.

Signed: _____
(parent/guardian)

Name: _____

Relationship: _____

Date: _____

Please send this form and a birth cert to: **Belmayne Educate Together National School**
Belmayne Avenue
Dublin 13

OFFICIAL USE ONLY

Enrolment Deposit: YES NO INITIALS: _____

Consent Forms YES NO INITIALS: _____

Birth Cert. YES NO INITIALS: _____

Transfer Letter Sent YES NO INITIALS: _____