



**REGISTRATION FORM 2023-2024**  
**Uimhir Rolla: 02793B**

Please complete in <b>BLOCK CAPITALS</b>	<b>CLASS:</b>
<b>Pupil's Name:</b>	<b>Name in Irish: (Optional)</b>
<b>Date of Birth:</b>	<b>Male/Female:</b>
<b>P.P.S. Number:</b>	<b>Country of Birth:</b>
<b>Address:</b>	<b>Nationality:</b>
	<b>If born outside the country, year of arrival in Ireland:</b>
<b>Eircode:</b>	<b>Languages spoken in the home:</b>
<b>Parent/Guardian Details</b>	<b>Parent/Guardian Details</b>
<b>First Name:</b>	<b>First Name:</b>
<b>Last Name:</b>	<b>Last Name:</b>
<b>Relationship to child:</b>	<b>Relationship to child:</b>
<b>Phone No (Home):</b>	<b>Phone No (Home):</b>
<b>Phone No (Work):</b>	<b>Phone No (Work):</b>
<b>Phone No (Mobile):</b>	<b>Phone No (Mobile):</b>
<b>email Address:</b>	<b>email Address:</b>

**Names of brothers/sisters in this school:**

**It is school policy to pass on the above information excepting Religion and Ethnicity to the Department of Education and Skills.**

<b>Please tick</b>	<b>Yes</b>	<b>No</b>
<b>Are there any orders or other arrangements in place governing access to or custody of your child?</b>		

**The school may share Personal Pupil Data with other organisations such as HSE, Tusla, An Garda Síochána, etc where there is a legal basis for doing so under GDPR.**

**Name of Previous School/Pre-school:**

**Address:**

**Principal's Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Additional local contact names, to be contacted in emergencies [Not the same as above]**

<b>Name:</b>		<b>Phone No:</b>
<b>Relationship to child:</b>		
<b>Name:</b>		<b>Phone No:</b>
<b>Relationship to child:</b>		
<b>Name:</b>		<b>Phone No:</b>
<b>Relationship to child:</b>		

<b>Please tick</b>	<b>Yes</b>	<b>No</b>
<b>Have you attached a Birth Certificate for your child?</b>		

**Relevant Medical Information:**

**Family Doctor:**

**Phone No:**

**Any medical concern/information of relevance? (use a separate sheet, if required)**

**Has your child any Special Educational Needs?  
Details:**

## Consent Form

**We would like your permission for the following in relation to your child:**

*Please tick the appropriate box and sign - Both parents/guardians please sign below*

<b>Please Tick</b>	<b>Yes</b>	<b>No</b>
<b>Activities Outside/After School</b>		
During the school year classes may undertake activities outside the school premises e.g. visiting the church, library. I consent that my child may do so.		
<b>D.T. (Digital Technology)</b>		
I give consent for my child to use the computers in the school in line with our Acceptable Use Policy.		
<b>School Website/Publications:</b> I give consent for the use of school related photographic images which include my son/daughter on the school website, Instagram, or in other school publications or displays. I understand that s/he will not be identified individually.		
<b>Dept of Education &amp; Skills</b>		
I give written parental consent to share Ethnic or Cultural Background and Religion with the Department of Education & Skills.		
<b>Medical Emergencies</b>		
I give permission for my child to receive any medical attention deemed necessary and to be taken to hospital in case of serious illness or accident.		
<b>School Policies</b>		
I have read a copy of Mullaghbuoy N.S. Code of Behaviour and agree that my child and I will abide by it.		
I agree to familiarise myself with all school policies, agree to abide by them and agree to discuss them at an appropriate level with my child.		
<b>Competitions</b>		
I give consent to allow my child to enter school competitions and for their name and date of birth to be shared with the organisers.		

I/we wish to enrol my/our child in Mullaghbuoy NS	
I/we have read a copy of Mullaghbuoy NS Admission policy	
Signed:	Parent/Guardian Date:
Signed:	Parent/Guardian Date:
<b>Both Parents/Guardians to sign</b>	