***Tobar an Léinn***

*“Tús Maith”*

**Raheen, Mountrath, Co. Laois**

Principal: Patrick Crean Phone: - 057-8731767

Deputy Principal: Póilín Ní Leathlobhair E. Mail: - [toblr@eircom.net](mailto:toblr@eircom.net)

www.tobaranleinn.weebly.com.

**Tobar an Léinn National School Enrolment form 2017**

*Any information you give on this form will be treated with the strictest confidence and only used for the benefit of your child.*

***Please use BLOCK CAPITALS***

**Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Required for National Primary Online Database):**

**Parents: The following is needed for registration purposes**

**Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Numbers:**

**Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number for Text-a-Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Name and Number if Parents not available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Religious Denomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date and Place of Baptism (if applicable):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Address of Pre-school or previous school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone No. of Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No**

**Yes**

**Has your child ever been referred to a specialist by your Doctor?**

**If yes, please give brief details / attach a copy of assessment reports: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Has your child any medical condition?**

**Yes**

**No**

**If yes, please give details:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Has your child any allergies?**

**No**

**Yes**

**If yes, please give details:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Does your child appear to have any difficulties with the following?**

**Yes**

**Yes**

**Yes**

**Hearing: Speech: Vision:**

**No**

**No**

**No**

**If you answered yes to any/all of the above, please give details / attach a copy of assessment reports:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Do you consent to the school taking your child directly to a doctor/hospital/call an ambulance as appropriate in case of serious illness or accident?**

**No**

**Yes**

**Do you give permission for your child to go on school trips under teacher supervision during the school day with prior notice?**

**No**

**Yes**

**Do you give permission for your child to be photographed for school projects, local newspapers and school related activities?**

**No**

**Yes**

**Please visit our school website** www.tobaranleinn.weebly.com.**Do you give permission for your child’s photo to be used on the school website and other school related media (eg. Blogs etc)?**

**No**

**Yes**

**Sometimes, the school is requested to pass on names of children and their address to the HSE for immunisation purposes, to secondary schools when children are transferring to second level, to sporting bodies when children are taking part in games outside school etc. Do you allow the school to pass on this information when relevant?**

**No**

**Yes**

**The school teaches relationships and sexuality education (RSE), content from the Stay Safe Programme and Walk Tall Programme using the guidelines provided by the Department of Education and Skills. If you would like to view the content of the programme used in the school you are welcome to do so.** **I want my child to take part in the RSE, Walk Tall and Stay Safe Programme.**

**Yes**

**No**

**Do you give permission for your child to take part in swimming Lessons organised by the school?**

**Yes**

**No**

**During your child’s time in Tobar an Léinn National School, it may be necessary from time-to time for teachers to carry out diagnostic testing with your child on an individual basis in order to help them in their educational development. I give permission for any diagnostic tests to be carried out with my child.**

**Yes**

**No**

**Do you give permission to allow you child attend the Learning Support/ Resource Teacher if deemed necessary?**

**Yes**

**No**

**Does any legal order under Family Law exist that the school should know about?**

**No**

**Yes**

**If yes, please meet with the Principal to outline the relevant details.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **If any of the details in this form change (e.g. if you move house, change your mobile phone number etc), please inform the school at the earliest opportunity.** |

**Please attach the following as applicable:**

**Copy of Birth Certificate**

**Copy Baptismal Certificate**

**Assessments relating to your child’s development and/or needs**

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