Derrycreha National School

027-63143

Email-derrycrehans@gmail.com

Website-www.derrycrehans.ie

Principal-Mrs Anna O' Sullivan.

Deputy Principal-Ms Angela Murphy.

Child's First Name: _____ Surname: _____.

Male___ Female___ Position in Family_____ Date of Birth_____.

Home Address: _____.

Telephone: Home: _____ Mobile Number_____.

PPS No: _____ Country of Birth_____.

Mother's Name: _____ Telephone No._____.

Father's Name: _____ Telephone No._____.

Any other information the school should be aware of? E.g. Parental Separation etc.

_____.

In Case of Emergency

Person who can be contacted if the Parents\Guardians are unavailable:

Name: _____ Telephone Number: _____.

Parental Consent

Do you give permission for the following?

- Your child's photograph to be taken in school for use in local/national newspapers and magazines or for our school website? _____.
- Diagnostic Testing in literacy and numeracy to be carried out on your child if required? _____.
- Your child's name to be on the class list sent to the HSE (dental, eye clinic etc.) _____.

Educational Notes

Junior Infants Enrolment:

Preschool: (if any) _____.

Senior Infants to 6th Class Enrolment:

Name and Address of Last School: _____.

Current Class: _____.

Reason for Transferring Child: _____.

Has your child any special educational needs? Sight, hearing, speech, learning difficulties, physical difficulties, other. Yes___ No___ If yes please give details below:

_____.

Has your child ever repeated a class, received learning support or been psychologically assessed? _____.

Medical Information:

Family Doctor: _____ Telephone No._____.

Address: _____.

Does your child have any medical conditions or allergies that we should know about (e.g. asthma, epilepsy, diabetes, peanut allergy etc?) Please give information here, including what action should be taken in an emergency:

_____

_____

The above should be given in writing to the principal to record in the child's file and for display in the first aid area in the kitchen.

Date of Admission: _____.

Please attach child's Birth Certificate (This will be copied and returned to you).

Signed: _____ Date _____.

Signed: _____ Date _____.