



Shountrade National School

Adare, Co. Limerick

phone: (061) 396 765

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Enrolment Form

Pupils Name _____

Name in Irish (Gaeilge) _____

Address _____

Date of Birth _____

Father's Name _____

Occupation _____

Mother's Name _____

Occupation _____

Younger Siblings:

Name _____

Date of Birth _____

Name _____

Date of Birth _____

Religion _____ (Please enclose copies of Birth and Baptismal Certs)

Home Telephone No. _____

Work No. _____

Mobile No. (Mother) _____

Mobile No. (Father) _____

Name of Family Doctor _____

Phone No. _____

Name of Child Minder (if any) _____

Phone No. _____

If your child suffers from any problem which would militate against his/her education (poor hearing/sight/speech) please state _____

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Consent Form

In the event of an emergency, if I am not available for contact, I give permission to the teacher to deal with the situation. (e.g. needing medical attention)

Signed _____ Parent/Guardian Date _____

I give permission for my child's photograph to be taken on special school occasions, e.g. concerts, sporting events, class photos, etc. Yes No (please tick)

I have read the School Prospectus and I confirm that my child will abide by the school rules as they have been presented.

Signed _____ Parent/Guardian Date _____