



Enrolment Form 2022

Banogue National School,
Banogue, Croom, Co. Limerick

Tel: 061-397188

Email: banoguenationalschool@gmail.com

Pupil's Name: _____ Name in Irish, if known _____

Address (at which the child resides):

Date of Birth: _____ Gender: _____

Child's PPSN: _____ Religion: Catholic Non Catholic

If Non-Catholic, please state which religion: _____

Name and class of sibling(s) currently enrolled: _____

Parent(s) Guardian(s) Details:

Name: _____ Parent Custodian Legal Guardian

Address: _____

Home Tel: _____ Mobile: _____ Email: _____

Name: _____ Parent Custodian Legal Guardian

Address: _____

Home Tel: _____ Mobile: _____ Email: _____

Has your child attended a playgroup / playschool / Montessori / primary school? If so, please give details:

In case of emergency, please give details of person to be contacted:

Name: _____ Tel: _____

Address: _____

If unable to contact above, please give details of another adult with whom contact may be made:

Name: _____ Tel: _____

Address: _____

Please provide details of family doctor:

Name: _____ Tel: _____

Address: _____

In the case of extreme emergency, do you consent to the local doctor treating your child?

Yes No

In the case of emergency, do you consent to having your child brought to hospital?

Yes No

Is your child allergic to any medication, food, substance? e.g. Penicillin If yes, please give details:

Yes No

Is your child left or right handed? Right handed Left handed

Is English the main language spoken at home? Yes/No _____

Please list any difficulties or illness which (for the child's welfare) should be made known to the school: e.g. asthma, diabetes, hearing, sight, speech, epilepsy, physical or mental disability or other:

Permission for outings

I/We the parent/guardian do hereby give permission to the management/staff of Banogue National School for my child to partake in walks and other outings outside the school grounds on the understanding that a teacher/staff member will accompany children at all times. Such outings typically include trips to local sites of historic interest and school matches as organised by the South Limerick Schools Board G.A.A. Committee. Parents will be specifically informed of other outings such as school tours/trips to libraries etc.

Yes: No:

Signed: _____

Date: _____

Permission for photographs / videos / media/ social media and school website

I/We being the parent/guardian give permission for my child to be photographed / video recorded under supervision of the staff. I understand that these photographs/videos recordings may be used to showcase the work of the children and may be used in local newspapers, on school website and on the Parents' Council Social Media Page.

Yes: No:

Signed: _____

Date: _____

Permission for testing

I/We being the parent/guardian give permission for teachers to give my child tests in order to ascertain their abilities, attainment and achievements if and when the need arises.

Yes: No:

Signed: _____

Date: _____

Absences

Please note that if any pupil is absent from school, parents are required to send a note into school stating the reason for the absence. This information is required by the National Educational Welfare Board.

I declare that the above information is true to the best of my knowledge.

Signed: _____

Signed: _____

Date: _____

Date: _____