

Templederry NS



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estd: 1962

SCHOOL ENROLMENT FORM:

- The information sought is for registration purposes and will be treated confidentially.

Name of child: Date of Birth:

Father's name: Mother's Maiden Name:

Home Address:

No. of children in family: Position in family

Parent(s)/Guardian(s) Details: Names;

Parent(s)/Guardian(s) Details: Mob: Ph: E-mail

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- School uses a texting service. Please indicate the mobile no. you wish texts to be sent to

Religion: Parish:

Place Of Baptism: Date of Baptism:

Father's Occupation: Mother's Occupation:

Has the child attended any school previously? Details:

Relevant medical History / Allergies: ** (It is important the school are informed of any issues)

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Family Doctor:

Do you consent to your child receiving Learning Support if necessary?

In the event of an emergency, do you give permission to have your child accompanied to a doctor / casualty unit?

Other relevant information:

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Father's Signature: Mother's Signature:

Date:

- Please submit copy of Birth Certificate with this completed form

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