

Mercy Primary School
St. Francis Street, Galway

Tel: 091 566 452
info@mercyprimary.ie
www.mercyprimary.ie

Mercy Primary School Enrolment Form

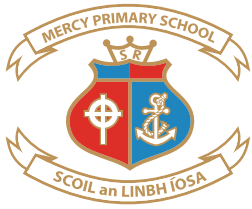
CHILD'S NAME:

CLASS:

ROOM NO.:

DATE COMMENCING:





Mercy Primary School Enrolment Form

Class Applied For:

Start Date:

Room No:

PLEASE ATTACH A
PASSPORT / DIGITAL
PHOTO

First Name:

Female/Male:

Last Name:

PPS Number:

Birth Certificate First Name:

(and/or) Mother's Birth Surname:

Date of Birth: *Provide Copy Birth Cert.*

Birth Certificate Last Name:

Nationality:

Religion:

Ethnic or cultural background:

(e.g. White Irish, Black African, Other White, Traveller etc.)

Place of Baptism: *(if applicable)*

Provide Copy Baptismal Cert.

Child Resides with: *(Please tick)*

Both Parents

Mother

Father

Guardian

Language spoken at home:

Date of arrival in Ireland:

Number of Children
in Family:

Placing of child:
(1st, 2nd etc.)

Name & class of siblings already in the school:

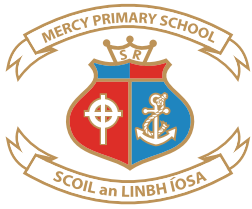
Home Address:

Name & Address of Pre-School or previous School attended:

Class in Previous School:

Home Phone No:

Mobile Number for 'text-a-parent':



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Mother's First Name:

Mother's Last Name:

Mother's Nationality:

Mother's Occupation:

Mobile Number:

Work Number:

E-mail:

Father's First Name:

Father's Last Name:

Father's Nationality:

Father's Occupation:

Mobile Number:

Work Number:

E-mail:

Medical & Allergy Information:

Doctor's Name:

Emergency Contact Sequence:

(e.g. Mum, then Dad, etc.)

Doctor's Phone No.:

Emergency Contact Name:

(If Parents/Guardians not available)

Description

(e.g. Grandparent etc.)

Mobile Number:

1.

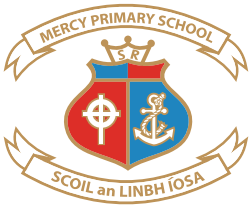
1.

1.

2.

2.

2.



Mercy Primary School Enrolment Form

Has your child any allergies:

Yes: No:

If yes please give details:

Does your child appear to have any difficulties with the following:

Hearing: Speech: Vision:

If you have answered yes to any/all of the above please give details:

PLEASE ATTACH A COPY OF ALL ASSESSMENTS RELATING TO YOUR CHILD'S DEVELOPMENT AND/OR NEEDS

Has your child ever had any type of assessment?

Yes: No:

If yes please give details:

.....
You are asked the questions below to help us ascertain your child's needs as we may be able to subsidise trips/books/activities etc.

Are you a medical card holder?

Yes: No:

*Do you receive social welfare other than children's allowance?

Yes: No:

Do you give permission for your child to go on school trips under teacher supervision during the school day

e.g trips to the local town park, local historical buildings etc.

Yes: No:

Sometimes journalists visit our school to take pictures of the children e.g awards/prizes, sporting events, first day at school etc. Do you give permission for your child to be photographed for school projects, local newspapers, and school related activities?

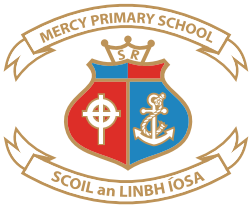
Yes: No:

Please visit our school website www.mercyprimary.ie. Do you give permission for your child's photo/video to be used on our website & social media sites?

Yes: No:

Sometimes the school is requested to pass on names of children and their addresses to the Health Board for immunisation purposes, to secondary schools when children are transferring to second level, to sporting bodies when children are taking part in games outside the school. Do you allow the school to pass on this information to these three bodies?

Yes: No:



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I GIVE PERMISSION FOR MY CHILD:

- To participate in all aspects of the curriculum including the Stay Safe Programme and the Relationship & Sexuality Programme

Yes: No:

- To receive any necessary support teaching (e.g. language/learning support, etc.)

Yes: No:

- I consent to have records relating to my child (e.g. School Reports, Pyschologist Reports, Assessment Test Results and any other relevant information) passed to such other school in which s(he) is enrolled for the future.

Yes: No:

- I consent to all relevant information pertaining to my child to be stored on the Department of Education & Skills Pupils On-line Database (POD)

Yes: No:

- The information I have given in this form is accurate.

Yes: No:

In signing this application form I am agreeing to support the Board of Management and staff in their implementation of school policies. I agree to support the staff in their efforts to provide a positive learning experience for all children in the school.

Parent/s signature: _____

Date: _____

IF ANY OF THE DETAILS IN THIS FORM CHANGE - FOR EXAMPLE, IF YOU MOVE HOUSE, CHANGE YOUR PHONE NUMBER ETC. WOULD YOU PLEASE INFORM THE SCHOOL AT THE EARLIEST OPPORTUNITY.

PLEASE DON'T FORGET TO ATTACH A COPY OF ALL ASSESSMENTS RELATING TO YOUR CHILD'S DEVELOPMENT AND/OR NEEDS

.....
(For School Use Only)

Enrolled into Class: _____ Room No: _____ Teacher: _____

Date Application Received: _____ Start Date: _____ POD Pupil I.D.: _____

Birth Certificate: Book Rental: Tracksuit: Aladdin Ref.: _____

Baptismal Cert.: Lunch Form: Assessment Forms: