**Anglesboro N.S. - Registration Form**

Tel No: 062 46697 Roll No: 17981K

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| --- | --- | --- | --- | --- | --- |
| Please complete in **BLOCK CAPITALS** | | | | | |
| **Pupil's Name:** |  | Date of Birth: | | | |
| Male/Female: |  | P.P.S. Number: | | | |
| Address: |  | Country of Birth | | | |
| Nationality: |  | Year of arrival in Ireland if born outside the country | | | |
| Eircode |  | Languages spoken in the home | | | |
| Mother’s maiden name: |  | What is your child’s religion: | | | |
| **Parent/Guardian Details** |  | **Parent/Guardian Details** | | | |
| First Name: |  | First Name: | | | |
| Last Name: |  | Last Name: | | | |
| Relationship to child: |  | Relationship to child: | | | |
| Phone No (Home): |  | Phone No (Home): | | | |
| Phone No (Work): |  | Phone No (Work): | | | |
| Phone No (Mobile): |  | Phone No (Mobile): | | | |
| email Address: |  | email Address: | | | |
| Names of brothers/sisters in this school / will also be joining this school: | | | | | |
| It is school policy to pass on the above information except Religion and Ethnicity to the Department of Education and Skills. | | | | | |
| **Please tick** | | | Yes | No | |
| Are there any orders or other arrangements in place governing access to or custody of your child? | | |  |  | |
|  | | | | | |
| **The school may share Personal Pupil Data with other organisations such as HSE, Tusla, An Garda Síochána, etc where there is a legal basis for doing so under GDPR**. | | | | | |
| Name of Previous School/Pre-school: | | | | | |
| Address: | |  | | | |
| Phone No: | | | | | |
| **Names of persons who have permission to collect your child at school or**  **in the case of illness or emergency (*not the same as above*)** | | | | | |
| **Name:** |  | Phone No: | | | |
| Relationship to child: |  |  | | | |
| **Name:** |  | Phone No: | | | |
| Relationship to child: |  |  | | | |
| **Name**: |  | Phone No: | | | |
| Relationship to child: |  |  | | | |
|  | | | | | |
| **Please tick** | | | Yes | No | |
| **Have you attached a Birth Certificate for your child?** | | |  |  | |
|  | | | | |

|  |  |
| --- | --- |
| **Relevant Medical Information:** | |
| **Family Doctor:** | **Phone No:** |
| **Any medical concern/information of relevance?** (use a separate sheet, if required) | |
|
| **Has your child any Special Educational Needs?** Details: | |