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

Tel No: 062 46697 Roll No: 17981K

Email: anglesborons@gmail.com [www.anglesborons.com](http://www.anglesborons.com)

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