



Kiltealy National School

Kiltealy,
Enniscorthy,
Co. Wexford.

Phone/ Fax: 053 9255446
E- Mail kiltealyns.ias@eircom.net

Pupil Record / Enrolment Form

Child's Name:	Date of Birth:
Child's Address:	Name you wish your child to be called by:
Religion:	Child's P.P.S. No.:
Nationality:	

Father's Name:	Mother's Name:
Address if different from above:	Address if different from above:
Occupation:	Occupation:
Phone Number: Home:	Phone Number: Home:
Mobile:	Mobile:
Work:	Work:

Alternative Contact Person:	Name of School / Preschool previously attended;
Phone No :	Address:
Mobile No	Phone No:

Family Doctor's Name:

Doctor's Phone Number:

Previous serious illness (if any):

Allergies (if any):

Please give details if your child has any difficulties in the following areas.

Speech: _____

Hearing: _____

Vision: _____

Mobility : _____

Do the teachers have your permission to administer First Aid to your child should he/she have an accident while attending school or school related activities and to bring him/her to a doctor or hospital should they deem it necessary ? _____

We the parents/guardians of the above named pupil agree to accept the policies and procedures put in place by the Board of Management of Killealy National School.

Parent /Guardian's signature _____

Date: _____

Parent /Guardian's signature _____

Date: _____

Please enclose a copy of your child's Birth Certificate with this form.