



Knockmahon N.S



Bonmahon
Co. Waterford
X42 AD91

Roll No: 18077L
RCN: 20136772



E-mail: knockmahonns@gmail.com
www.knockmahonns.com

T: 051292500



Enrolment Form

Date:

Child's Name:

{As it appears on Birth Certificate}

Ainm as Gaeilge: [if known]

Address:

Eir Code:

Date of Birth.

Names of Parents/

Guardians:

Nationality:

Home Telephone No:

E-mail address:

Mobile No:

The school uses class DOJO to communicate with parents - mobile number required

PPSN Number:

What religion is your child?

Does your child enjoy

good health:

Please state any medical issues that your child may suffer from that are relevant to his/her schooling:

Has your child attended pre-school, Montessori or Naonraí? Please state school attended and duration.

Has your child attended another primary school? Please state school attended and duration.

What is your child's position in the family? _____

Has your child any particular needs which you think the class teacher should be made aware of?(Kidney worries,eating habits, eye-sight, speech)

Has your child mastered the ability to tell someone other than a member of the family of their needs or wants? _____

Has your child had the experience of playing on a regular basis with other children of his/her own age? _____

Can your child undress him/herself? _____

Can your child go to the toilet by him/herself? _____

Please tick which best describes your child's disposition:

Confident	
Outgoing	
Happy	
Shy	

Self-controlled	
Good mixer	
Careful	
Quiet	

Neat	
Tidy	
Friendly	
Extrovert	

The school has access to a Learning Support Teacher and if deemed necessary, would you agree to your child availing of her services? Yes No

On occasion school photographs will be taken, do you agree to have your child included? Yes No

Do you agree to your child's photographs and /or school work to be included on the school website and school facebook page? Yes No

(see our Acceptable Use Policy on www.knockmahonns.com)

Name, address & mobile/telephone number of another person who has permission to collect your child from school. If there is any change please inform the principal in writing.	

Mobile number	Phone number
_____	_____

I have read the school rules attached Signed _____

Please attach a copy your child's Birth Certificate when returning this form. Page 2 of 2