

For office use only

Date received:

Enrolment date:

**CUSHINSTOWN**

NATIONAL SCHOOL

|  |  |  |  |
| --- | --- | --- | --- |
| **PUPIL INFORMATION** | | | |
| First Name: | | Surname: | |
| Date of Birth: | PPSN: | | Gender: |
| Names/Classes of Siblings: | | | |
| Religion: | Parish: | | |
| Baptised:  (Yes/No) | Date Baptised: | | Location Baptised: |
| Nationality: | | Exempt from Irish: (Yes/No) | |
| **MEDICAL INFORMATION** | | | |
| Doctor Name: | | Doctor Phone: | |
| Medical history/conditions/food allergies: | | | |
| Has your child attended any of the following:    speech & language occupational therapy child psychology/psychiatry | | | |
| **FAMILY DETAILS** | | | |
| Parent/Guardian 1 Name: | | Mobile Phone:  Work Phone: | |
| Parent/Guardian 1 Address: | | | |
| Email: | | PPSN: | |
| Nationality: | | Occupation: | |
| Parent/Guardian 2 Name: | | Mobile Phone:  Work Phone: | |
| Parent/Guardian 2 Address: | | | |
| Email: | | PPSN: | |
| Nationality: | | Occupation: | |
| **OTHER EMERGENCY FAMILY CONTACT** | | | |
| Contact 1: | | Contact 2: | |
| Mobile number: | | Mobile number: | |
| Other number: | | Other number: | |
| **AUTHORISATIONS** | | | |
| Does any legal order regarding child custody/access under family law exist that the school should be aware of? Y/N  Relevant Information: | | | |
| **Signatures** | | | |
| Parent/Guardian 1 Signature: | | Date: | |
| Parent/Guardian 2 Signature: | | Date: | |

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