

St. Michael's N. S. Glenfarne

Enrolment Form

Child's Name Date of Birth

P.P.S. No:

Please list underneath all the legal guardians of the child named above

Parents/Legal Guardians

Address

Telephone No: Home Work Mobile

Work Mobile

Religious Denomination

Place of Baptism

If place of Baptism is not Glenfarne please submit a baptismal certificate

Any Previous School Attended Class School

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If transferring from another school please submit a current attendance report and a current educational progress report

In the event of illness, an accident or any other emergency which makes it necessary to close the school, name of Parent/Guardian to be contacted:

Name Phone No.....

Name..... Phone No.....

If the above named persons are unavailable please contact one of the following:

Name Phone No.....

Name Phone No.....

Do you give permission to take the child straight to hospital in case of serious illness or accident?

Does your child have special needs which the teacher should be aware of e.g. eyesight, hearing, medical, emotional or other problems?

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Does your child have any allergy e.g. food, medicine, that the teacher should be aware of? It is schools policy that open wounds be covered with hypoallergenic plasters.

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We have received and accept the school's Code of Behaviour, R.S.E. Policy, Anti Bullying Policy and Substance Use Policy. We will make all reasonable efforts to ensure compliance with such policies.

Signed:

Parent/Guardian

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Parent/Guardian.

