**St. Vincent’s Girls’ School Enrolment Form**

### back-to-school-1024x614[1]North William Street, Dublin 1

###### Phone: 8740048 Fax: 8557240

**Website: Stvincentsgns.weebly.com**

**E-mail: Stvincentsnws@eircom.net**

**Roll Number: 15056L** Principal: Ms. Margaret O’Connor

1st Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone Number Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PPS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Playschool attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Previous School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Mother/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Doctor address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Father’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Existing medical Conditions**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of children in family:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of other sibling here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Special Needs:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MC900290671[1]Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Assessments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was your daughter Baptised? Are there any family/legal issues which affect your child and Yes: No: of which the school should be aware?

Baptismal Cert supplied: \_\_\_\_\_\_\_\_\_

Birth Cert Supplied: \_\_\_\_\_\_\_ Yes: No:

|  |  |  |
| --- | --- | --- |
| **Please tick YES or NO to the following questions: Thank you** | **YES** | **NO** |
| **Do you give the school permission to bring your child on school outings and trips?** |  |  |
| If your child gets a minor cut, do you give permission for your child to get basic 1st Aid from an adult? |  |  |
| **If your child has a toileting accident, do you give permission for her to be washed and changed while waiting to contact you?** |  |  |
| Do you give permission to take your child straight to hospital in case of serious illness or accident? |  |  |
| **Do you give permission for your child to take part in any extra support teaching necessary to help her education progress?** |  |  |
| Do you give permission for your child to take part in photographs for educational purposes? |  |  |
| MC900237453[1]**Do you give permission for your child to access the internet for educational purposes, in line with our Acceptable User Policy?** |  |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / Guardian**

*Date of Enrolment: \_\_\_\_\_\_\_\_\_ Starting Date: \_\_\_\_\_\_\_\_\_\_\_*

*Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room: \_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_*