

Registration/Enrolment Form 2015/16

SLIABH A'MHADRA NATIONAL SCHOOL

Please complete the following as they appear on the Child's Birth Certificate

Child's Surname	
Child's Surname in Irish (if known)	
Child's Christian Name/s	
Date of Birth	
PPSN No.	
Father's Name	
Occupation	
Mother's Maiden Name	
Occupation	
Legal Guardian/s of Child	
Contact Numbers	
Home Telephone No.	
Mobile No.	
Email Add.	
Contact No. in case of Emergency	
(state name of person) if parents unavailable	
Family Address	
Name of previous school / pre-school (if attended)	
Medical History of child which school should be aware of.	
Religion	
Date of Baptism (If your child was baptised outside the parish please attach original copy of baptism cert. (This will be returned)	

Children with Special Education Needs

If you know that your child has special education needs please tick the relevant box below or supply additional information. This information will be used to ensure that where possible suitable arrangements will be put in place for your child.

<input type="checkbox"/>	Occupational Therapy	Report	<input type="checkbox"/>
<input type="checkbox"/>	Play Therapy	Report	<input type="checkbox"/>
<input type="checkbox"/>	Speech and Language	Report	<input type="checkbox"/>
<input type="checkbox"/>	Physiotherapy	Report	<input type="checkbox"/>
<input type="checkbox"/>	Psychological Assessment undertaken - -/ - -/ - - - -	Report	<input type="checkbox"/>

Additional Information: