



Enrolment Junior Infants: Pupil and Family Details

Pupil Details

First Name										
Surname (as on birth certificate)										
Name as commonly used (if different from above)										
Date of Birth (dd/mm/yyyy)										
Nationality										
Gender	Male: <input type="checkbox"/>					Female: <input type="checkbox"/>				
PPSN Number										
Address:										
Eircode:										

Details of Parents/Guardians

	Parent/Guardian 1	Parent/Guardian 2								
Title (e.g. Mr/Ms/Mrs etc.)										
First Name										
Surname										
Telephone Number:										
Use this number for Text-A-Parent (Please tick)	<input type="checkbox"/>	<input type="checkbox"/>								
Address										
Eircode:										



Email Address:		
Relationship to pupil:		

Family Details

With whom does the child normally reside?	
Number of Children in Family:	
Birth Order of this Child in Family:	

Siblings Currently Attending Scoil Barra

	Name	Current Class	Current Teacher
Current Pupil Sibling 1			
Current Pupil Sibling 2			
Current Pupil Sibling 3			

Siblings that are past pupils of Scoil Barra

	Name	Years of Attendance
Past Pupil Sibling 1		
Past Pupil Sibling 2		

Contact Details of other significant contacts

	Name	Phone Number	Relation/Role
Contact 1:			
Contact 2:			
Contact 3:			
Contact 4:			

Pupil Details continued

Playschool/Preschool Details		
	Name	Months/Years Attended (From/To)
Play/Pre-School 1		
Play/Pre-School 2		
Total Number of Months/Years in Playschool/Preschool:		
Did your child receive any additional support in Playschool/Preschool?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details:		

Information: Additional Needs		
Does your child have any difficulties which might affect his/her performance in school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details:		
Please give details of any social/emotional difficulties which may affect your child in school:		
Has your child been referred for early intervention support? For example, assessment of need (AON) application, speech therapist, psychologist, occupational therapist, social worker or other specialist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details:		

Is there a report available from this support service? *	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*Note: if a report is available, please provide a copy for the school with this form.		

English as an Additional Language		
Language(s) spoken in the home:		
Does your child understand English?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child speak English?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medical Information		
Does your child have any medical condition/allergy which may affect your child in school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details:		
Any concerns around your child's hearing, sight or speech development: (please mention if your child wears glasses or uses a hearing aid)		
Name of Family Doctor:		
Contact Number of Family Doctor:		

Please note: In the months leading to your child beginning school, please update the school in the following instances:

- if any new referral to a support service is completed e.g. speech and language therapy, occupational therapy, psychologist etc.
- if any new reports from early intervention services or medical personnel becomes available
- if an application for Assessment of Need is completed
- if any more up-to-date or relevant information becomes available, especially contact details: address, email, mobile numbers etc.

Signed:

Parent/Guardian 1

Date

Parent/Guardian 2

Date