

**Registration Form 2023/24**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

PPSN \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Fathers Occupation: \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

**Contact Phone Numbers:** \_\_\_\_\_

**email address:** \_\_\_\_\_

Father (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Mother (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Home: \_\_\_\_\_ Other: \_\_\_\_\_

Email address \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone No: \_\_\_\_\_

Medical History: \_\_\_\_\_

\_\_\_\_\_

**Address(es) to which school reports and notification of meetings should be sent:**

1. \_\_\_\_\_

2. \_\_\_\_\_

Do both parents have custody of the child: Yes  No

If the answer to the above is no please inform the school authorities of the legal position.

Previous school if any: \_\_\_\_\_

Brothers/Sisters Attending School: \_\_\_\_\_

**Circle response**

Has your child any Special Needs/Disability/Disorder/Syndrome for which additional support in school may be required/recommended? Attended any Medical Specialists? Speech & Language Assessment? Educational Assessment?

Yes No Not Applicable If yes, I attach details & Reports: Yes No Not Applicable

In case of emergency I give permission for my child to be taken to hospital or the school doctor by ambulance/car Yes No

As part of school life the Health Board, Dental Services and the Parents Council may need your contact details (email address and/or phone number).

I give permission to the school to give my details to the above authorities. Yes No

I wish my child to take part in the Catholic Religious Education Programme (Grow in Love/Alive-O) taught in his/her school. Yes No

If no, please speak to your child's teacher in relation to alternative arrangements for him/her.

I have read the Code of Behaviour in the School Prospectus and agree to make all efforts to encourage my child's compliance with Newtown NS Code of Behaviour.

Circle response Yes No

I support ALL school policies the Enrolment, Code of Behaviour, Healthy Eating, Substance Use Policy, Computers & Internet Acceptable Use Policies etc. Yes No

I agree to the details on this Form being stored on the School Computer system as part of school records. Yes No

I understand and agree that some of this data is automatically stored on the Primary Online Database which is accessible by the Department of Education and Skills. Yes No

**Other Useful Information:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**(Parent/Guardian)**

**Date:** \_\_\_\_\_