

Tullow Community School
Enrolment Form

Surname: _____ *First*

Names: _____

Address: _____

Pupil's PPSN No. _____ *Date of Birth:* ___/___/___ *Religion:*

Year for which you wish to enrol: _____ *Home Phone*

No: _____

Father's Name: _____ *Mother's*

Name: _____

Mobile No: _____ *Mobile*

No: _____

Place of work: _____ *Place of*

work: _____

Work Phone No: _____ *Work Phone*

No: _____

No. of children in family: _____ *Place in*

family: _____

(1st, 2nd, 3rd)

Brother/Sister now in this school:

Name: _____ *Class:* _____

Name: _____ *Class:* _____

School attended last

year: _____

Principal's

name: _____

Class completed:

Examinations taken:

Examination

results: _____

Personal Record:

1. *Family doctor:* _____ *Phone*
No. _____

2. *Contact person in case of emergency:*

Name: _____
Telephone: _____

3. *Is your child on medication?* _____

4. *Has it ever been suggested by your G. P., Public Health nurse or other relevant person that your child be referred for:*

(a) *Extra hearing test:* _____

(b) *Testing of vision:* _____

(c) *Speech and language therapy:* _____

5. *Please give details of any medical condition about which we should be aware?*

6. *Has your child been referred for:*

(a) *Psychological testing:*

(b) *Remedial or special needs classes:*

(c) *Counselling:*

7. *Any other relevant*

information: _____

8. *Did your child attend remedial classes/Resource Teacher?*

9. *Has your child received counselling?*

10. *Any other relevant information?*

Signature of

Parent/Guardian: _____

Enrolled by: _____

Date: _____