

Holy Angels National School

Clogher,
Claremorris,
Co. Mayo.
F12RC95



T: 094-9360316
E: principal@holyangelsns.ie
Web: www.holyangelsns.ie
Roll: 17482P

ENROLMENT FORM 2024/25

Name of child (as per birth cert.):

D.O.B.

Gender (Circle): M F

P.P.S Number.....

Address (incl Eircode):

Nationality: Religious Denomination:.....

Date & Place of Baptism:.....

Pre School Attended:

Previous School Attended.....

Fathers Name: Mothers Name:.....

Address: (If different from Childs) Address: (If different)

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Occupation: Occupation

Tel: Home..... Tel: Home.....

Work:..... Work:.....

Mobile:..... Mobile:.....

Person to contact if child becomes ill in school and parents cannot be contacted:

Name: Phone No.:

Address:

Relationship to Child:

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Who are the legal Guardians of your child?

Does any legal order under family law exist that the school should know about? Yes No

(If yes please confirm the same with the Principal)

Prior to this year, has your child attended : (circle appropriate)

Child care family care montessori other

Is English the only language spoken at home? Yes No

If other languages are spoken, please list:

Please provide below the names addresses and mobile telephone numbers of the people who have permission to collect your child from school.

No.	Name & Address of Person Collecting	Mobile Tel. No.
1		
2		
3		
4		

Name of Family Doctor:

Does your child have any medical problems or are they taking any medication that the school needs to know about?

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Does your child have any known allergies that the school needs to know about? If yes, please specify: (Please note we are a nut free zone)

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Has your child ever had any type of assessment? (e.g. Speech Therapy, Psychology, Occupational Therapy) Yes No

If yes, please provide details:

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If there are any reports pertaining to your child's health, speech, hearing or developmental progress, of which the school should be made aware, please contact the Principal

Is your child able to attend to his/her toileting needs? Yes No

Are there any further issues you feel the school may need to know about?

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TEXTAPARENT: The school uses the textaparent service for short messages to parents. Please give your preferred mobile numbers to receive these texts:

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(Generally we text one mobile number. However, if you wish you can add a second number)

SCHOOL EMAIL LIST: The school regularly sends out updates and notifications through email. Please provide email address contacts below:

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We would ask Parents to please attach a copy of your child's birth and baptismal certificates. If you attach the originals we will make a copy and return the originals to you.

IMPORTANT: Please inform us immediately of any changes to your personal details (e.g. mobile phone numbers, emergency contacts, people collecting your child from school etc.)

In signing this form I acknowledge that I have read and accept the school's policies in relation to enrolment/admission, behaviour/anti-bullying and acceptable use of the internet (see www.holyangelsns.ie) and that I/we shall make all reasonable efforts to ensure compliance with such policies by our son/daughter. The above-named policies are available from the school website or a hard copy is available from the office on request.

SIGNED:

Mother.....

Father

Date:

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For office use only

Child's registration no:

Class: Junior infants Senior Infants

1st..... 2nd..... 3rd

4th 5th..... 6th

Date of Entry:

Date of Leaving

Baptismal Cert: YES/NO

Birth Cert: YES/NO