

Scoil Phroinsiais Naofa,

Clara, Co. Offaly

Phone : 057 9331383

Registration Form

Child's Personal Details

Child's Name:..... Date of Birth:.....

Home Address:

.....

Nationality: P.P.S. No

Religion: Baptismal Certificate is required
please tick box if accompanying form

Siblings already attending this school Class

..... Class

Class into which the child will enter (if not Jnr Inf).....

Year child is intending to commence school Age

Former school if child is transferring Class

Did child attend playschool: Yes/No Name of playschool

Are there any medical conditions from which your child suffers and we should be aware of?

Name of Condition:..... Symptoms:.....

Any other information:

Parent's/Guardian's Contact Details:

Home Phone No.

Mobile Numbers

Mother/Guardian Father/Guardian.....

Please indicate which number is to be used for Text-a-Parent

If the parents/guardians are working and a minder collects the child from school or is to be contacted in the event of the child being ill and needing to go home, please fill in these details here.

Minder's Name: Address:

Telephone No.

Mobile No.

Parent's/Guardian's Details

Mother's Name:..... Occupation:.....

Mother's Maiden Name:.....

Father's Name:..... Occupation:.....

Please Tick Box:

I am in receipt of

(a) Social Welfare Payments

(b) Family Income Supplement

Signed: _____ (Parent/Guardian)