

# ST. OLIVER'S N.S

Duncannon, New Ross, Co. Wexford

Phone No. 051 389206 Email: [info@duncannonns.com](mailto:info@duncannonns.com) School Roll No. 17656W

## School Form for Updating or Enrolment for Pupils

Surname: _____	Number of Children in Family: _____
First Name(s) _____	Names of Siblings attending N.S. _____
Full Address: _____ _____ _____	Phone No. Home: _____
<b>EIRCODE</b> _____	Phone No. Work _____
Date of Birth: _____	Mobile No. _____
<b>Please attach Birth Certificate</b>	Second Mobile No. _____
Male/Female: _____	Other Contact: _____
Father/Guardian: _____	Emergency No. _____
Fathers Occupation: _____	Doctor Name: _____
Mother/Guardian: _____	Doctors Address: _____
Mothers Occupation: _____	Doctors No.: _____
Other/Comments: _____	Previous Education: _____
Was the child baptised? Yes ___ No ___	<b>Medical History/Conditions/Allergies (if any)</b>
If so, date baptised: _____	All children enrolling are expected to be toilet trained
Location baptised: _____	All children enrolling are expected to be able to tie their shoes
Email address: Mother: _____	Father: _____
<b>P.P.S. No.</b> _____	

Religion \_\_\_\_\_ Parish \_\_\_\_\_ Nationality \_\_\_\_\_

I want my child/children to attend St. Oliver's N.S. Duncannon. Therefore I accept the rules of said school as outlined in the Code of Behaviour. I agree that my child/children is/are bound by these rules.

Do you give permission to take your child straight to hospital in case of serious illness or accident?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

Parents Signature: \_\_\_\_\_

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

P.T.O. >>>>>

Please fill in the following form, giving as much information as possible. The more information you give at this stage, the earlier we can intervene and offer the best and most appropriate help for your child.

1. Was your child premature by more than 6 weeks Yes  No.
2. Did your child reach his/her developmental targets at the appropriate time? Yes  No

**\*If no to above, please specify which targets were not reached and if any outside intervention was required and used. Give as much detail as possible.**

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3. Did your child go the play school Yes  No

**\*If yes please state which one and for how long etc.**

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4. Does your child have any mobility issues that we need to be aware of? Yes  No
- If yes what is the specific problem

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5. Does your child have any toileting issues? Yes  No

- If yes please expand, giving details on the nature of the problem?

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6. Does your child have a speech problem Yes  No

- If yes, please expand giving details on the nature of the problem and any outside interventions your child has received or is at present receiving.

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