



St. Colmcille's Junior School

Pre Enrolment Registration Form

Ph: 01 4947422. Email: office@ccjns.ie

Surname: _____
Address: _____

Eircode: _____
PPS No.: _____

School Year: September
First Name: _____
Date of Birth: _____
Nationality: (Child): _____
(Parent): _____

Religion: _____
Church of Baptism:
(if applicable) _____

Home Phone: _____ Sex: Male Female

Siblings in School: No Yes Names: _____

Parent/Guardian's (1) Details

Name: _____
Email Address: _____
Phone (W): _____
(M): _____
Occupation: _____

Parent/Guardian's (1) Details

Name: _____
Email Address: _____
Phone (W): _____
(M): _____
Occupation: _____

Please supply any relevant information under the headings below:

Medical Information	Special Needs Education Information	Any other Information
_____	_____	_____

Previous Education: Name of Playschool/ school attended: _____ Class: _____

Please indicate if you have applied for or accepted a place in another school? Yes No

If yes please provide details of the school: _____

- a) Do you accept our schools Code of Behaviour? Yes No
- b) Do you give permission for your child to attend Learning or Language Support if it is deemed necessary? Yes No
- c) Do you give permission for your child to attend for Diagnostic Testing if it is deemed necessary? Yes No
- d) Do you give permission to take and use photographs and/or digital images of your child for use in printed publications or materials, electronic publications, school website and classroom displays for the duration of his/her time in the school? Yes No

Parent(s) Signature: _____ Date: _____

- The Grow In Love Catholic Religious Education programme, the Relationship and Sexuality Education programme and the Stay Safe Child Protection programme are taught within the school.