



*Killavil National School*  
*Killavil, Ballymote, Co.Sligo*

Príomhoide: Bill Carty

Fón: 071 9182795 R-phost: [killavilns@gmail.com](mailto:killavilns@gmail.com) Gréasáin: [www.killavilns.ie](http://www.killavilns.ie)



*Strictly Private and Confidential*

### Enrolment Form

#### Personal details

Name of Pupil:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address: _____			
Eircode: _____			
<u>Date of Birth:</u>	<u>P.P.S. No.:</u>	<u>Religion:</u>	<u>Nationality:</u>
Mother's Name: _____		Home Telephone No.: _____	Occupation: _____
Mother's Maiden Name: _____ <i>(if applicable)</i>		Mobile No. _____	Work No. _____
Father's Name: _____		Home Telephone No.: _____	Occupation: _____
		Mobile No. _____	Work No. _____
Does any legal order under family law exist that the school should be aware of?			
Contact name and telephone number in case of emergencies in the event the school cannot contact parents:			
Name: _____		Name: _____	
Phone No: _____		Phone No: _____	
Preferred mobile number for "Text-a Parent": _____			
Email address for school communication: _____			

#### Medical/Educational

Medical conditions we should know about, please tick:

Speech <input type="checkbox"/>	Hearing <input type="checkbox"/>	Sight <input type="checkbox"/>	Asthma <input type="checkbox"/>	Epilepsy <input type="checkbox"/>
Heart condition <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Allergies (wasp stings, food, etc.) <input type="checkbox"/>	Other <input type="checkbox"/>	

Laterality:	Right-handed <input type="checkbox"/>	Left-handed <input type="checkbox"/>	Mixed <input type="checkbox"/>
Does your child require regular medication? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**Additional Information:**

Did your child attend playschool and/or crèche? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of playschool attended _____ Date _____
Name of crèche attended _____ Date _____
Name of previous school(s) attended _____ Class _____
Are there any issues you think the school may need to know about? _____ _____
Does your child have any special educational, physical, emotional, language, etc. needs? _____
Has your child ever been assessed for any reason? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, are reports available? Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Doctor: Name: _____ Phone No.: _____  Address: _____

During your child's time in Killavil N.S., he/she will undergo various Educational/Diagnostic tests.

**Permission Slip**

Should my child require educational/diagnostic testing during his/her time in Killavil N.S., I give my permission for these tests to be carried out.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

I/We, the undersigned, have read and understood the following policies of Killavil N.S.

I/We agree to abide by their content (policies available to view on our website [www.killavilns.ie](http://www.killavilns.ie)).

(Please tick)

Code of Behaviour Policy

Acceptable Use Policy

Signed \_\_\_\_\_  
Parent/Guardian

Date \_\_\_\_\_

Signed \_\_\_\_\_  
Parent/Guardian

Date \_\_\_\_\_

**Please note that the following documents should accompany this Application Form:**

Birth Certificate (copy)

Copy of Baptismal Certificate (where applicable)

Medical Report, Psychological Report, Speech and Language Reports, etc. where applicable.

