

Scoil Mhuire
Borrisokane
Co. Tipperary
E45 H928

067-27477
borrisokanens@gmail.com
www.scoil-mhuire.com

Principal: Ms. Sarah Leahy
Deputy Principal: Mr. Thomas Clarke
Chairperson: Mr. Paul Dooley



Enrolment Registration Form 2021-2022

Student's Details:

First Name: _____ Last Name: _____

Address: _____ Eircode: _____

Date of Birth: _____ P.P.S. Number: _____ Gender: M/F ____

Religion: _____ Where Baptised (if R.C.) _____

Nationality: _____ Home Phone No: _____

To which ethnic or cultural background group does your child belong (please tick one):

White Irish Irish Traveller Roma Any other White Background Black African Any other Black Background Chinese Any other Asian background Other (inc. mixed background)

Parents/Guardians Contact Details

Name: 1. _____ 2. _____

Occupation: _____

Mobile No.: _____

Email Address: _____

Mobile number to be used on the school's 'textparent' service: _____

Mother's Maiden Name: _____

Name and number of persons to contact if parents are unavailable:

Name: 1. _____ 2. _____

Contact Numbers: _____

Relationship to child: _____

Name of Family members already in this School:

Name of Previous School (Creche/Playschool etc.): _____

In the case of an Emergency do you give permission for your child to be seen by a Doctor or Emergency Services? Yes _____ No _____

Doctor's Name: _____ Doctor's Phone Number: _____

Language Spoken at Home: _____

Any medical condition/allergies/illnesses we should be aware of:

Any educational/Psychological/motor issues we should be aware of:

I give permission for my child's work/name to be uploaded on the school's website/app.

Parent's Signature: _____

I give permission for my child's picture to be uploaded on the school's website/app/local newspaper.

Parent's Signature: _____

I give permission for my child to have an audio/video recording uploaded on the school's website/app.

Parent's Signature: _____

I have read and support the school's Code of Behaviour.

Parent's Signature: _____

I give permission for these details to be shared with the Department of Education and Skills/HSE.

Parent's Signature: _____

I give permission for my child to participate in the RSE Programme.

Parent's Signature: _____

I give permission for my child to participate in the Stay Safe Programme.

Parent's Signature: _____

Screening tests are carried out in the school on all children from Junior Infants to 6th Class. I give permission for my child to do these tests.

Parent's Signature: _____

During your child's time in Scoil Mhuire, it may be necessary, from time to time for teachers to carry out diagnostic testing with your child on an individual basis in order to enhance their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.

Parent's Signature: _____

I give permission for my child to attend the learning support and/or resource teacher if necessary.

Parent's Signature: _____

***Completed enrolment applications must be returned to Scoil Mhuire, Borrisokane, Co. Tipperary no later than the 1st of May.**