St. Francis of Assisi Primary School, Belmayne.

Enrolment Form for entry to Junior Infants **Year of Entry: _____**

Please PRINT

Child's Name:	**Date of Birth:**
Gender: Male Female	**Country of Birth:**
Address:	**Number of years living in Ireland (if not born here):**
	Number of children in family:
	Child's place in family:
Religion:	**P.P.S. Number:**
Siblings already attending this school:	**Siblings enrolling this year also:**

Mother's Name and Address	**Father's Name and Address**	**or Guardian's Name and Address**
Country of Birth:	**Country of Birth:**	**Country of Birth:**
Occupation:	**Occupation:**	**Occupation:**
Home Phone:	**Home Phone:**	**Home Phone:**
Work Phone:	**Work Phone:**	**Work Phone:**
Mobile Phone:	**Mobile Phone:**	**Mobile Phone:**
E-mail:	**E-mail:**	**E-mail:**

Has your child attended pre-school?	**Yes / No**
Name of pre-school:	**From / To:**
Has your child attended another primary school?	**Yes / No**
Name of school attended:	**Address of school:**
Has your child been referred for any of the following: **Speech Therapy?** Yes / No **Occupational Therapy?** Yes / No **Psychiatric / Psychological Assessment?** Yes / No	
Does your child have Special Needs? Yes / No (If yes, please make an appointment to see the Principal)	
Does your child have any medical conditions / allergies? Yes / No (If yes, please describe briefly)	

Signature of Parent (s) / Guardian: _____ Date: _____

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