

**Edmund Rice
Senior School,
Castlemoyle,
New Ross.**



**Tel. 051 421585
e-mail: newrossprimary@gmail.com
www.newrossprimary.ie**

First Name of Pupil: _____

Family Name of Pupil : _____

Date of Birth: _____

PPS Number : (available on Children's Allowance Book) _____

Date of Enrolment to the Edmund Rice Senior School: _____

Pupil's Religion: _____ Pupil's Nationality: _____

If Roman Catholic, please supply a copy of your son's Baptismal Certificate.

Name of Parent/Guardian 1 _____

Name of Parent /Guardian 2 _____

Address: _____

Mobile Telephone Number: _____

Home Telephone Number: _____

Emergency Contact Number 1 _____

Emergency Contact Number 2 _____

Name and Address of Last School Attended by Pupil:

Tick the relevant boxes below.

I have read the school's Digital Media - Acceptable Use Policy (AUP) and I give permission for my son to be included in school related Video & Photography (school web page, local press, school project work, etc.). Please note that pupil names are never included with photographs on our web page.

Yes

No

I have read the school's Code of Behaviour and I agree to abide by the contents of that policy.

Yes

No

I accept that the school teaches the 'Stay Safe' 'RSE' and 'Walk Tall' programmes as part of the Social, Personal, Health Education Policy in the school.

Yes

No

EDUCATIONAL DIFFICULTIES

Has your son any particular educational need, weakness, or difficulty?

Yes

No

If yes, please describe briefly the nature of the difficulty.

Has your son ever had an educational or psychological assessment?

Yes

No

MEDICAL HISTORY

***Has your son any particular medical difficulty or diagnosed medical condition ?
(e.g. asthma, diabetes, speech difficulty, hearing loss, poor eyesight, migraine, weak
kidneys, epilepsy , etc.)***

Yes No

If yes , please describe briefly the nature of the difficulty.

Has your son ever attended a speech therapist , ?

Yes No

Signature of Parent /Guardian : _____