



St. Michael's BNS
St. Mel's Rd., Longford
stmichaelsbns@gmail.com www.stmichaelsbns.ie
043-3345536

Name: _____

Date of Birth: _____ Child's P.P.S. No: _____

(NB Please provide copy of Birth Cert)

Address: _____

Eircode: _____ Medical card number: _____

Mobile No: _____

MOTHER'S DETAILS:

First Name: _____

First Name: _____

Surname: _____

Surname: _____

Mother's maiden name: _____

Occupation: _____

Occupation: _____

Nationality: _____

Nationality: _____

Phone/ Mobile No: _____

Phone/Mobile No: _____

Email: _____

Email: _____

NB IF PARENT IS UNAVAILABLE please nominate a contact person

1st contact person: Name: _____ Phone No: _____

2nd contact person: Name: _____ Phone No: _____

Religion: _____ If Catholic place of Baptism: _____

PLEASE ATTACH COPY OF BAPTISMAL CERTIFICATE

Nationality of pupil: _____

Main (1st) language spoken at home: _____

Ethnic /Cultural:

Irish Traveller European Roma African Asian Other: _____

Name and Address of previous School attended: _____

Class pupil was in: _____

Number of children in the family: _____

Siblings in the school? Yes No



St. Michael's BNS
St. Mel's Rd., Longford
stmichaelsbns@gmail.com www.stmichaelsbns.ie
043-3345536

Name and Phone No: of Family Doctor: _____

Has your child any allergies: Yes No

If yes give details: _____

Does your child appear to have any difficulties with the following?

Hearing Yes No Speech Yes No Vision Yes No

If answer is yes to any/all of the above please give details: _____

Has your child ever had any type of Educational/Psychological Assessment? Yes No

If yes please give details: _____

Please attach a copy of all assessments relating to your child's development and/or needs.

Do you give permission for your child to go on school trips under teacher supervision during the school day e.g trips to the library, local park and buildings, school tours etc. Yes No

Do you give permission for your child to be photographed/videoed for school projects, local newspapers, and school related activities? Yes No

Do you give permission for inter-school transfer of information on your son (via Aladdin)? Yes No

Do you give permission for your son to take part in School Completion (SCP) activities? Yes No

Do you give permission for your child to attend supplementary classes in Literacy and/or Numeracy and/or English as a Foreign Language if necessary? Yes No

Do you give permission for your child's work, projects and artwork to be published on the school's website www.stmichaelsbns.ie and that digital photographs, audio or video clips of your child in a group setting may be published. (Please note pupils will never be named individually and personal pupils information will never be published on website) Yes No

The Department of Education requests the above information to facilitate the Primary Online Database (POD). POD allows the Dept. of Education to evaluate progress and outcomes of pupils and to validate school enrolment for grant and staffing allocation purposes.

Do you consent to share the information on religious, ethnic and cultural background that you filled out on page 1?
Yes No

The programme on Relationships and Sexuality Education (RSE) is taught in an age appropriate manner under the guidelines of the Department of Education & Skills. The Stay Safe Programme is taught every second year to help provide children with coping skills in difficult situations.

- The school should be made aware of any court order which affects the child's welfare.
- Child Safeguarding Statement and Risk Assessment is on display outside the office. All school policies are available to read/copy in the Principal's Office. If you would like to add your thoughts please let us know.

We have received a copy of the "School Rules" and we are aware that school policies are available in hardcopy form from the Principal's Office.

Parent/Guardian Signature: _____ Date: _____