



St. Anne's National School,

Shankill,

Co. Dublin.

Telephone: 2825565

Please tick the box to indicate that you have read and fully understand our ENROLMENT POLICY

Principal: John Fingleton

www.stannesshankill.com

email: stannesshankill@gmail.com

ENROLMENT FORM

Class _____ Entry Year 20 _____

Child's PPS No. _____ No. of Children in Family _____ Place in family _____

Surname _____ No. of Siblings attending St. Anne's N.S. _____

First Names _____ Names of Siblings _____

Full Address _____

Phone Nos. Home _____

Work 1 _____

Date of Birth _____ Work 2 _____

Male/Female _____ 1st Mobile _____

Father/Guardian _____ 2nd Mobile _____

e-mail _____

Mother/Guardian _____ Other contact _____

E-mail _____ Emergency No. _____

Was the child baptised? ___ If so, when? _____ Where was the child baptised? _____

Doctor's Name _____ Doctor's Address _____

Doctor's Phone No. _____ Child's nationality _____

Do you give permission for school staff to change your child's clothes if they become soiled or wet? _____

Do you give permission to take your child straight to hospital in case of serious illness or accident? _____

Do you give permission to the school to submit school related photographs including name of children, to local or

National media? _____

Do you give permission for your child to go on supervised school outings to other venues? _____

Does any legal order under family law exist that the school should know about? _____

Has the child had previous education _____ Montessori? _____ Pre-school _____

Primary? _____ Where? _____

Parent's Signature _____ Date of Application _____

Strictly Confidential

Please fill in the following form as soon as possible in order to help us address your child's needs. This information will not affect your child's entry to the school.

Child's Name: _____ Address: _____

PPS No: _____ e-mail : _____

Date of Birth: _____ Phone: _____

No. of children in Family _____ Place in Family _____

Birth History: _____

Childhood Illness: _____

Developmental Milestones

Please list the approximate ages when your child:-

Walked _____ Crawled _____ Talked _____

Have you any concerns relating to your child under the following headings? –

| | Yes/No |
|-----------------|---------------|
| Eyesight | _____ |
| Hearing | _____ |
| Language/speech | _____ |
| Behaviour | _____ |
| Co-ordination | _____ |

Has your child got any diagnosed medical condition? _____

If so please list same _____

Does your child get on with his/her peers? _____

Does your child relate well to adults? _____

Is your child interested in books? _____

What interests does your child have? _____

Has your child been referred to any outside agencies resulting in any of the following?:-

| | |
|-----------------------------|-------|
| Psychological Report | _____ |
| Speech and Language Report | _____ |
| Occupational Therapy Report | _____ |