



*Liosmór Mochuda National School  
North Mall  
Lismore  
Co. Waterford  
P51 VW44  
Roll No: 14164J  
Phone: 058-54848  
Email: [office@liosmormochudans.ie](mailto:office@liosmormochudans.ie)  
Web: [www.liosmormochudans.ie](http://www.liosmormochudans.ie)*

## School Enrolment Form

**Note: All forms must be completed in full and returned to the school, along with a Birth Certificate. Completion of this form does not guarantee your child a place in the school.**

Name of Child (in full, as on Birth Certificate) \_\_\_\_\_

Address at which child resides: \_\_\_\_\_

\_\_\_\_\_

Proof of address is required, e.g. ESB bill, Telephone bill.

Telephone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PPSN: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

If not born in Ireland, date on which child arrived in Ireland: \_\_\_\_\_

Mother's Nationality: \_\_\_\_\_ Father's Nationality: \_\_\_\_\_

**\*If you change your mobile number during the school year please inform us immediately as it is vital to keep records up to date in case of an emergency.**

Father's Name: \_\_\_\_\_ Present employment: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Present employment: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Present employment: \_\_\_\_\_

Work telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Is the child living with both parents: \_\_\_\_\_

Position of child in family (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc) \_\_\_\_\_

Number of children in the family: \_\_\_\_\_

Religious denomination: \_\_\_\_\_

If your child was baptised please state where it took place:

\_\_\_\_\_

Date of baptism: \_\_\_\_\_



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Did your child attend preschool: \_\_\_\_\_

For how long: \_\_\_\_\_

Where: \_\_\_\_\_

At what age did your child begin to speak: \_\_\_\_\_

Does he/she speak well? \_\_\_\_\_

Has your child ever had a psychological assessment? \_\_\_\_\_

Has your child ever received a speech and language report? \_\_\_\_\_

Name of brother/sister in this school: \_\_\_\_\_

Class: \_\_\_\_\_

Please give names, addresses and phone numbers of the people who have permission to collect your child from school. If there is any change in this routine **please inform the school in writing.**

**Person who usually collects child(ren):**

_____	Phone _____
_____	Phone _____
_____	Phone _____
_____	Phone _____

Parents and legal guardians are entitled to be consulted and informed about their child's education and are entitled to access to their child during school hours. If there is any change in this regard or if there is any other information which you think may be relevant **it is very important that the school is informed immediately.**

**Other relevant information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**School Emergencies/Sickness/Unexpected Closures, etc.**

The following information will be used by the school in the event of:

- Your child feeling sick
- An emergency occurring while the school is in operation, making it necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils
- An unexpected closure of the school.

**If my child gets sick, or the school has to close unexpectedly** and there is no one at home/the school is unable to contact me, please provide the name, telephone number and address of two other people you nominate for us to contact. We will ask this person to come and collect your child/children.

**Person the school will contact:**

1 _____	2 _____
_____	_____
_____	_____
Tel/mobile: _____	Tel/mobile: _____

**Medical Emergency/Accident**

That in the event of an emergency or accident, a member of staff will use his/her discretion and bring your child to a Doctor/Hospital. Every effort will be made to contact you.

I authorise that at their discretion a member of staff may bring my child/children to a Doctor/Hospital if an emergency arises.

**Signed (Parent/Guardian)** \_\_\_\_\_

List of Children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Doctor (Only if you wish)**

Doctor's Name \_\_\_\_\_ Tel No: \_\_\_\_\_

Do your child/children have any specific medical condition (e.g. asthma, eyesight, hearing etc.) or emotional problems which may affect your child at school?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**It is the responsibility of parent(s)/guardian(s) to notify the school of any food allergies.** Do your child/children have an allergic reaction to medication or food?

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Is there any other relevant information about your child/children which we should know? \_\_\_\_\_

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I consent to my child's participation in the RSE Programme

**Parents Signature:** \_\_\_\_\_

I consent to my child's participation in the Stay Safe Programme

**Parents Signature:** \_\_\_\_\_

Screening Tests are carried out in the school on all children from Infants to 6<sup>th</sup> Class. I allow my child to do these tests.

**Parents Signature:** \_\_\_\_\_

During your child's time in Liosmór Mochuda National School, 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 help them in their educational development. I give permission for any necessary diagnostic tests to be carried out with my child.

**Parents Signature:** \_\_\_\_\_

I give permission to allow my child to attend the Learning Support/Resource teacher if deemed necessary.

**Parents Signature:** \_\_\_\_\_

I give permission to allow my child's photograph/image to be included in school-related activities, competitions etc.

**Parents Signature:** \_\_\_\_\_

I give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE (school nurse, doctor, dentist), etc.

**Parents Signature:** \_\_\_\_\_



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I acknowledge that I have received, read and accepted the School General Policy, Code of Behaviour, Anti-Bullying Policy, Substance Use Policy, Internet Use Policy and RSE Policy of Liosmór Mochuda National School. Having discussed and explained same with my child and I agree to abide by same.

I wish to enrol my child \_\_\_\_\_

I declare the above information to be correct and understand that it will be treated as confidential.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please ensure that you have included a Birth Certificate and Baptismal Certificate (if your child was Baptised) with this form. These documents will be photocopied and returned to you.**

**Principal's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Birth Certificate received: Yes  No

Baptismal Certificate received: Yes  No  Not applicable



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## To be completed if your child is transferring from another Primary School

**Previous School:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**What class was your child in when he/she left the school?** \_\_\_\_\_

**Reason for Transfer:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you enclosed a copy of the most recent school report and attendance record?** Yes  No

***N.B. All forms: must be completed in full and returned to the school before a new pupil will be enrolled in the school. Proof of address must accompany application.***

- General School Policy and Code of Behaviour
- Internet Permission Form
- RSE Policy Consent Form
- Substance Use Policy Consent Form
- Medical Form
- Enrolment Application Form
- Birth Certificate

***Note: We require reports from previous schools in order to meet the needs of your child.***

Give details of any health conditions (e.g. asthma, eyesight, hearing, allergies, etc.) or emotional problems which may affect your child at school

\_\_\_\_\_  
\_\_\_\_\_

Has your child any physical or mental disabilities? If so are there any specific equipment/ resources that the school will require for your child?

\_\_\_\_\_  
\_\_\_\_\_