

St Finian's National School Early Start Enrolment Form

- **Name of Child:** _____
- **Address of Child:**

- **PPS No:** _____
- **Date of Birth** _____
- **Nationality** _____
- **Gender: Male** _____ **Female** _____
- **Brother/Sister already attending this school Yes** ----- **No** -----

- **Mother's Name** _____
- **Mother's Address** _____

- **Mother's Phone Number:** _____
- **Mother's email:** _____
- **Father's Name:** _____
- **Fathers Address:** _____

- **Father's Phone Number:**
- **Father's email:** _____
- **Emergency Contact Name and Phone Number:**

Date received by office: _____

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Personal Information

Has your child been referred, to a service for any of the following?

- **Speech therapy:** Yes _____ No _____
- **Occupational Therapy:** Yes _____ No _____
- **Hearing;** Yes _____ No _____
- **Vision:** Yes _____ No _____
- **Psychiatric/Psychological Assessment:** Yes _____ No _____
- **Assessment of Need:** Yes _____ No _____
- **Does your child have special needs:** Yes _____ No _____

Please submit reports with this application, if you ticked yes to any of the above.

Also, detail the agency/agencies engaged with your child.

- **Does your child suffer from any physical illnesses (for example Asthma/ Eczema, heart condition etc. Please give details)**

- **Have you attached a copy of child's Birth Certificate:** Yes _____ No _____
- **Have you attached a copy of Proof of Address:** Yes _____ No _____
- **If you have a preference for a morning/ afternoon session please state**

Please note that this form is not an offer of a place. The information on this form is used to make sure that children are enrolled properly. This form will be kept until the child is ready to go to Junior Infants. Should your child attend St Finian's junior infants, the information on this form will be transferred onto the school computer system known as Aladdin. This form will be shredded when the child leaves Early Start. Until then all forms are kept locked in a cabinet in the Early Start room.

Date received by office: _____