

**Largy N.S.,  
Kinlough,  
Co.Leitrim**

Phone 071 9856138 E-mail office@ largyns.ie Website www.largyns.ie

**Registration Form**

Childs Name: \_\_\_\_\_

Address \_\_\_\_\_

D.O.B. \_\_\_\_\_

PPS Number \_\_\_\_\_

Religion : \_\_\_\_\_

Ethnicity \_\_\_\_\_

First Language \_\_\_\_\_

Parents/Legal Guardian's Names

Parent/Guardian 1

Parent/Guardian 2

\_\_\_\_\_   
Contact address (where different to child)

\_\_\_\_\_   
Contact address (where different to child)

\_\_\_\_\_   
Contact number (preferably Mobile)

\_\_\_\_\_   
Contact number (preferably Mobile)

\_\_\_\_\_   
Other (state)

\_\_\_\_\_   
Other (state)

\_\_\_\_\_   
e-mail

\_\_\_\_\_   
e-mail

No. of boys in family: \_\_\_\_\_ No. of girls in Family \_\_\_\_\_ Position in Family \_\_\_\_\_ ( 1<sup>st</sup>,2<sup>nd</sup>,3<sup>d</sup> )

Name of Family Doctor : \_\_\_\_\_ Tel. No. \_\_\_\_\_

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

---

---

Any specific needs or educational needs your child may require:

---

---

Names of person who have permission to collect your child from school:

1. Name \_\_\_\_\_ Relationship to pupil \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship to pupil \_\_\_\_\_

Other names to be contacted in the case of an emergency

Contact Name 1. \_\_\_\_\_

Telephone No 1. \_\_\_\_\_ 2. \_\_\_\_\_

Contact Name 2 . \_\_\_\_\_

Telephone No 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Emergency School Closures:**

In the event of an emergency occurring while the school is in operation, it may become necessary to close the school. In such an emergency, it is advisable to ensure the safe return home of pupils. In order to help the school plan for such an event, please fill in the following details.

I agree that my child should return home independently/or with another child

I request the school to contact the above named individual(s)

**School Accidents:**

In the event of an accident occurring during school hours, which would necessitate immediate medical attention, please indicate your preference:

a) I agree that my child be brought directly to casualty: Yes: \_\_\_\_\_ No: \_\_\_\_\_

b) I request the school to contact the above named individual (s)  
(Please note that the staff will act 'in loco parentis' if they cannot be reached)

**Sickness:**

In case your child should become ill and there is no-one at home please contact the above named Individual(s)

## Consent

I have, read and understand the policies published in the Largy N.S. Policies page on the school website (or made available to me on request in print). We agree to abide by these policies and will work with our child to ensure that our child understands and adheres to them.

I have read the Acceptable Use Policy and grant permission for my child to access the internet.

In the event of my child receiving minor cuts or grazes, I give permission to the school to use cotton wool, medi wipes and plasters where necessary.

In the event of a medical emergency / accident during school time and I cannot be contacted. I authorise the school to consult a doctor and bring him/her to the doctor and bring him/her to the hospital.

In the event of illness or toilet accident, I give permission for items of clothing to be changed – either by an older sibling or in the presence of two female adults.

I gave permission for my child to attend the Special Education Team for progress monitoring and initial assessment.

I agree for my child's name, address and date of birth to be forwarded to the D.E.S. (Pupil Online Database), Church, H.S.E for the purpose of communication re. Medicals e.g. hearing, sight, injections, dentist (parents are informed prior to medicals).

I give permission for my child to go on school trips outside school such as swimming, school tours and field trips.

I give permission for my child to have his/her photo taken and be videoed during school activities and Inclusion of my / our child's photograph being published on the school website or facebook page, and in local newspapers in relation to any school events. Only your child's first name will be used, if at all.

I have/will make staff aware of any allergies etc. and my child may occasionally receive treats/ tastes which may include sweets bars, fruit, popcorn etc.

Parent / Guardian

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent / Guardian

Signature \_\_\_\_\_

Date \_\_\_\_\_