



**Contact Details**

Home Contact Number:	Work Contact Number:
Mother's Mobile Number:	Father's Mobile Number:
Text A Parent Mobile (just one number please)	Guardian/Babysitter/Emergency Mobile
Babysitter/Emergency Name:	

**Proposed Class (please tick)**

Junior Infants  Senior Infants  First Class  Second Class   
Third Class  Fourth Class  Fifth Class  Sixth Class

Previous School (if any):

Reason for Transfer:

Principal Name:

School Phone No.:

Details of any medical or psychological conditions, which the school should be alert of:

Is your child attending speech therapy? YES  NO

If Yes, Please Elaborate:

Does any Legal order under family law exist that the school should be informed of? YES  NO

Any other relevant information (including any such information as may be prescribed under the Education Welfare Act 2000):

I/We consent that details of our child may be given to the HSE i.e. hearing/ immunisation etc.  (please tick)

I/We consent to our child appearing on the Crumlin NS website  (please tick)

I/We give permission for our child to be photographed for school projects, local newspapers and school related activities?  (please tick)

I/We, the undersigned, have read and accept the Code of Behaviour and the Admissions Policy of Crumlin NS. I/We understand that these policies must be complied with by:-

Name of Pupil:  Parent/Guardian Signature:

Date: dd / mm / yyyy Parent/Guardian Signature:

**NB:- PLEASE ATTACH:** A copy of the Child's Birth Certificate to this form and any other relevant school/professional reports where applicable. All documents should be returned to the school at the above address at your earliest convenience.

