

SCOIL CHARTHA NAOFA
CILL CHARTHA, CO. DHÚN NA NGALL

Uimhir Rolla: 19685Q

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PUPIL INFORMATION

First Name:		Surname:	
Ainm:		Birth Cert Name:	
Date of birth:	PPSN:	Gender:	
	Parish:		
County:	Nationality:		

FAMILY DETAILS

Fathers First Name:	Fathers Surname:	Key Contact (Yes / No)
Fathers Address:		
Mobile Phone:	Work Phone:	Home Phone:
Email:		
		Comments
Mothers First Name:	Mothers Surname:	Key Contact (Yes / No)
Mothers Address:		
Mobile Phone:	Work Phone:	Home Phone:
Email:		
		Comments
Contact First Name:	Contact Surname:	Key Contact (Yes / No)
Contact Address:		
Mobile Phone:	Work Phone:	Home Phone:

APPLICATION DETAILS

Date of Application:	Date Registered:	Date Started:
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MEDICAL INFORMATION

Doctor Name:	Doctor Phone
Medical History / Conditions:	

AUTHORISATIONS

Do you give permission to take your child to hospital in case of serious illness or accident?	Yes	No
Does any legal order under family law exist that the school should know about?	Yes	No

SIGNATURES

Signature of Parent / Guardian:	Date:
Signature of 2 nd Parent Guardian:	Date:

1. Has your child ever attended a **Speech Therapist**? Yes No

If yes, what was the reason?

Do you have an assessment report from a Speech Therapist? Yes No

2. Has your child ever attended an **Occupational Therapist**? Yes No

If yes, what was the reason?

Do you have an assessment report from Occupational Therapist? Yes No

3. Has your child ever attended a **Psychologist/Psychiatrist**? Yes No

If yes, what was the reason?

Do you have an assessment report from a Psychologist/Psychiatrist? Yes No

4. Has your child attended or is on a list to attend any other **developmental clinics**? Yes No

If yes, please detail below

5. **Medical History** – Please detail any medical intervention/procedures your child has had e.g. eye treatment, ear grommets, allergies etc. as these may impact on your child’s transition to primary school.

6. If you have any **other concerns**, please detail below or alternatively contact the school personally.