

SCOIL PHOBAIL SLIABH LUACHRA

An Ráth Mhór, Co. Ciarraí

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INTERNATIONAL STUDENT ENROLMENT FORM

Full Name:

(as on your Birth Certificate)

Date of Birth:

Nationality:

Student PPS Number:

Gender:

Mother Tongue:

Other Languages Spoken:

Name of Parents:

Mother's Maiden Name:

Home Address:

Email Address:

Name of House Parents:

Address of House Parents:

Email Address:

Contact Number(s):

Name of Referring Language Company:

Subjects Studied at Home:

Grade Obtained:

Interests/Hobbies:

HEALTH & MEDICAL TREATMENT

For health and safety reasons, it is very important that you inform the school of any medication that you may be taking. Please outline any health issues that our school should be aware of such as allergies, hearing defects, use of inhalers, special medication, etc.

PARENTAL/GUARDIAN CONSENT

Emergencies: I authorise the school to arrange necessary medical treatment for my child in case of an emergency.

Yes _____ No _____

Teach losagain: I give permission to my child to use the canteen facilities of Teach losagain that is adjacent to the school and I understand that this facility is not supervised by school staff.

Yes _____ No _____

Photographs: It is customary for our school to photograph/video students from time to time to record class photographs, extra-curricular or other school-related activities. This material may be displayed around the school, posted to our school

Facebook site or media outlets. I give my permission for my child to be included in this activity.

Yes_____ No_____

Parent/Guardian Signature:

CODE OF BEHAVIOUR

I have read the school's Code of Behaviour and I fully understand and accept its contents.

Student Signature:

Parent/Guardian Signature:

Please be informed that information received on your child will be forwarded to the Department of Education & Skills, at their request, for administrative purposes only.