



Nagle Rice Secondary School

"Where your child matters"

STUDENT'S FULL NAME: _____

USUALLY REFERRED TO AS: _____

HOME ADDRESS: _____

DATE OF BIRTH: _____ / _____ / _____ PPS NUMBER: _____

COUNTRY OF BIRTH: _____ LEGAL GUARDIAN: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____ MEDICAL CARD HOLDER: YES No

HOME TELEPHONE NUMBER: _____ MOBILE NO.: _____

NO. OF CHILDREN IN FAMILY: _____ POSITION IN FAMILY: _____

DAYTIME CONTACT NO.S FOR PARENT(S)/GUARDIAN(S): (TWO IF POSSIBLE) _____
/ _____

EMAIL ADDRESS: _____

FAMILY DOCTOR: _____ TEL. NO.: _____

PRESENT SCHOOL: _____

RELIGIOUS DENOMINATION: _____

DOES YOUR SON / DAUGHTER HAVE AN EXEMPTION IN IRISH? YES NO

DOES YOUR CHILD SUFFER FROM A DISABILITY THAT MIGHT HAVE A BEARING ON SCHOOL LIFE? IF SO, PLEASE GIVE DETAILS OF SAME

DOES YOUR SON / DAUGHTER RECEIVE TEACHING SUPPORT FOR ANY SUBJECT? _____

IS YOUR CHILD ALLERGIC TO ANY DRUG? YES NO

IF YES, PLEASE GIVE DETAILS: _____

IS YOUR SON/DAUGHTER ON ANY LONG-TERM MEDICATION? _____

HAS YOUR CHILD EXPERIENCED ANY PHYSICAL OR EMOTIONAL DIFFICULTY OF WHICH THE SCHOOL SHOULD BE AWARE? *(Please note: if there is some item which you might not wish to write, you are very welcome to speak in person to the school principal regarding same.)*

ARE THERE ANY ASPECTS OF THE STUDENT'S HOME ENVIRONMENT WHICH YOU THINK THE SCHOOL SHOULD BE AWARE OF? E.G. PARENTAL ILLNESS, BROTHER / SISTER ETC? _____

I WISH TO ENROL MY SON / DAUGHTER IN NAGLE RICE SECONDARY SCHOOL. I AND MY SON / DAUGHTER AGREE TO SUPPORT AND ENDORSE THE SCHOOL RULES AS LAID DOWN BY THE SCHOOL AUTHORITIES.

PARENTAL / GUARDIAN SIGNATURE: _____ DATE: _____