**John F Kennedy Memorial School, Scoil Chuimhneacháin Uí Chinnéide**



**Ennis Road, Bothar na hInse,**

**Limerick. Luimneach.**

**Phone: (061) 452090**

**Email: scoiljfk1@eircom.net**

[**www.jfkmemorialschool.com**](http://www.jfkmemorialschool.com)

**APPLICATION FOR ENROLMENT**

Applications must have valid Birth Certificate attached.

**PUPIL’S FULL NAME:** ……………………………………………………………………………………………………………………………………………………..

**ADDRESS:**  ……………………………………………………………………………………………………………………………………………………………………….

**DATE OF BIRTH:** …………………………………………………………………….. **Child’s P.P.S. No.:** ………………………………………................

**RELIGION:** ............................................................................ **NATIONALITY**  .................................................................

**FIRST LANGUAGE: ………………………………………**

**NAME OF PARENTS/GUARDIANS**

**FATHER:** ………………………………………………. **MOTHER:** ………………………………………………...

**MOTHER’S MAIDEN NAME: ……………………………………………….**

**Mobile No. (Father)** ………………………………….. **Mobile No. (Mother)** ……………………………………

**Other contact number .......................................................**

**E MAIL: ...........................................................................................**

**Father’s Place of Business** ................................................................................................ **Tel. No.** ..............................

**Mother’s Place of Business** .............................................................................................. **Tel. No.** ..............................

**Are both parents the legal guardians of the above pupil:** ............................................................................................

**Address of both parents if different:** ............................................................................................................................

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**LAST SCHOOL ATTENDED:** ……………………………………………………………………………………….

**Medical Notes**

If your child suffers from any particular condition or allergy please give a brief description. Alternatively arrange to meet with the School Principal to discuss your concerns in private.

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**Special Needs**

Does your child have any special educational needs? Please detail below and enclose copies of any psychological

or educational reports you may have.

…………………………………………………………………………………………………………………………

**Please give your consent or otherwise to the following by ticking the appropriate boxes below:**

***(1)*** In the event of a serious medical emergency I give permission to the school to take my child to hospital.

 **YES NO**

(2) During my child’s time in school, I give my permission for him to complete standardised and other diagnostic

 tests.

 **YES NO**

***(3)*** I give my permission to the school to take my child outside the school on School Tours, Swimming & Tennis

 Lessons, Field Trips, Sporting Events etc.

 **YES NO**

***(4)*** I give my permission for my child’s photograph to be displayed in group settings on the school website and

 Facebook Page.

 **YES**  **NO**

 ***(5)*** I give permission for my child to be attended to, by a member of staff, should a toilet accident occur.

 **YES**  **NO**

**Signed:** ……………………………………………………………………………………………...........

 **Code of Good Behaviour**

Before enrolment of your child in the school parents are requested to read the Code of Behaviour on school website [***www.jfkmemorialschool.com-***](http://www.jfkmemorialschool.com-)and sign that they agree to abide by its contents.

I/We have read the School Code of Behaviour and agree that ……………………………………… (pupil)

will abide by its contents while enrolled in the school.

**Signed Father:** ……………………………………………………………………………................

 **Mother:** ………………………………………………………………………………..........