ADDRESS: *Ardrahan National School*
Labane, Ardrahan
Co. Galway. H91 CY67

PHONE: *091635466*
EMAIL: *secretary@ardrahanns.ie*
WEBSITE: *www.ardrahanns.ie*
ROLL NO.: *17007i*

ENROLMENT FORM 2027/2028

CHILD'S DETAILS			
FORENAME:		**ADDRESS:**	
SURNAME:		**EIRCODE:**	
DATE OF BIRTH:		**RELIGION:**	
GENDER:		**DATE & PLACE OF BIRTH:**	
P.P.S:		**LANGUAGE SPOKEN AT HOME:**	
NATIONALITY:		**ENROLMENT CLASS:**	

PARENTAL DETAILS			
MOTHERS NAME & MAIDEN NAME:		**FATHER'S NAME:**	
NATIONALITY:		**NATIONALITY:**	
HOME TEL:		**HOME TEL:**	
MOBILE:		**MOBILE:**	
EMAIL:		**EMAIL:**	

EMERGENCY & BACKUP CONTACT DETAILS	
NAME:	
ADDRESS:	
PHONE NUMBER:	
RELATIONSHIP WITH CHILD:	

Please ensure that your child is aware of these arrangements prior to starting school.

MEDICAL DETAILS	
DOCTOR'S NAME:	
DOCTOR'S ADDRESS:	
PHONE NUMBER:	
MEDICAL/HEALTH CONCERNS (including any allergies)	

EDUCATIONAL DETAILS	
PREVIOUS EDUCATIONAL SETTING: (Number of years in Primary school)	
SCHOOL NAME & ADDRESS:	
Did your child have access to additional support?	

Please complete the following section carefully. If we know your child's needs, we will be able to access extra resources for them if possible. Please feel free to discuss this in private with the Principal.

ADDITIONAL INFORMATION *Is your child currently attending any outside agency? (eg. speech therapist, social worker, psychologist, occupational therapist) If yes, please give details and dates. All relevant reports should be attached.*
If your child has any medical, sensory or emotional needs which may affect him/her at school, it is important that you inform us. Is there any such condition that you know of currently?
Does your child have any hearing or sight impairments?
Does your child have any known allergies that we should be aware of?
Other than those outlined above, do you have any other concerns regarding your child's overall development? If yes, please give details.