

## St. Oliver's Special School

## **Enrolment Form**

Name of Pupil:			
Date of Birth:			
Address:			
PPS Number :			
Parent/Guardian (1)			
Name:			
Address:			
E-Mail:			
Mobile:	Home Tel:	Work Tel:	
Parent/Guardian (2)			
Name:			
Address:			
E-Mail:			
Mobile:	Home Tel:	Work Tel:	
Emergency Contact Person	Trome ren	WOLK TOL	
Name:			
Relationship to Child:			
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Mobile:	Home Tel:	Work Tel:	
Previous Schools/Pre-Schools			
Name:			
Dates Attended:			
Reason for Leaving/Transfer:			
Name:			
Dates Attended:			
Reason for Leaving/Transfer:			

## Medical Information

GP Details			
Name:			
Address:			
Tel:			
Details of Diagnosis and/or Medical Condition(s)			
(Please attach copies of any medical reports)			
Declaration By Parent/Guardian			
I, hereby give permission for my child to participate in the full range of activities in the school			
programme, both on and off school premises.			
I wish to enroll my child in St. Oliver's Special School.			
I declare the above information to be correct and understand that it will be treated as confidential.			
I confirm that I have made available to the school copies of any relevant reports on my child including any			
information as may be required under the Education and Welfare Act.			
Signed:			
Date:			