

St Joseph's NS  
 Hacketstown  
 Co. Carlow  
 059 – 6471199  
 Roll No: 17127S  
[htownns@gmail.com](mailto:htownns@gmail.com)



### Enrolment Form

<b>Name</b>	
<b>Date of Birth</b>	
<b>P.P.S. Number</b>	
<b>Male/Female:</b>	
<b>Home address:</b>	
<b>Home Phone:</b>	
<b>Email Address:</b>	
<b>What type of Playschool attended (if any) Name of other National School attended (if applicable)</b>	
<b>Father/Guardian:</b>	
<b>Father/Guardian Occupation:</b>	
<b>Work Phone no. / Mobile Phone no.</b>	
<b>Mother/Guardian</b>	
<b>Mother/Guardian Occupation:</b>	
<b>Work Phone no. / Mobile Phone no.</b>	
<b>Number of Children in Family:</b>	
<b>Names of other children already in school:</b>	
<b>Other Contact Number:</b>	
<b>Doctor's Name:</b>	
<b>Doctor's Address:</b>	
<b>Doctor's Telephone number and mobile if known:</b>	
<b>Emergency Number and Contact information:</b>	

<b>Medical History:</b>	
<b>Permission for child's photo to appear on school website and facebook page. Parent must complete the following permission slip.</b>	<p>I agree that _____ may feature in school photos and video clips on school website and social media.</p> <p><b>Signed:</b> _____</p> <p style="text-align: center;"><b>Or</b></p> <p>I do not agree that _____ may feature in school photos and video clips on school website and social media.</p> <p><b>Signed:</b> _____</p>

Please note that information about issues of custody and separation are of vital importance to the school. In order to ensure equal and fair treatment of both parents it is essential that the school is made aware of any arrangements regarding the above. Please make an appointment to speak to the Principal if these issues relate to your family. Rest assured that all information will be treated in the strictest confidence.

**Participation in Sacramental Preparation**

I wish that my child is prepared to celebrate the sacraments of Reconciliation, Holy Communion and Confirmation. If my child was not baptised in the parish of Hacketstown I enclose a copy of my child's baptismal certificate for the purpose of verification prior to the celebration of these sacraments. I consent to my contact information being shared with the parish of Hacketstown for the purpose of sacramental preparation and celebration.

**Signed:** \_\_\_\_\_