| Castlebridge National schoolCastlebridge, Co Wexford |
| --- |
| Roll Number:18707S | Phone Num:053 9159442 | Email:castlebridgens@gmail.com |
| Pupil Information |
| First Name: | Surname: |
| Ainm: | Birth Cert Name: |
| Date of birth: | PPSN: | Gender: |
| Religion: | Parish: |  |
| Baptised: (Yes / No) | Date Baptised: | Location Baptised: |
| County: | Nationality: | Exempt from Irish: (Yes / No) |
| Ethnic or Cultural Background:***Select from one of the following****: White Irish / Irish Traveller / Roma / Any other White Background / Black or Black Irish – African / Black or Black Irish – Any other Black Background / Asian or Asian Irish – Chinese / Asian or Asian Irish – Any other Asian Background / Other (Incl. Mixed Background) / No Consent*  |
| family details |
| **Fathers First Name:** | **Fathers Surname:** | **Key Contact (Yes / No)** |
| Fathers Address: |
| Mobile Phone: | Work Phone: | Home Phone: |
| Email: | Occupation: | PPSN: |
| Nationality: | Religion: | Comments |
| **Mothers First Name:** | **Mothers Surname:** | **Key Contact (Yes / No)** |
| Mothers Address: |
| Mobile Phone: | Work Phone: | Home Phone: |
| Email: | Occupation: | PPSN: |
| Nationality: | Religion: | Comments |
| **Contact First Name:** | **Contact Surname:** | **Key Contact (Yes / No)** |
| Contact Address: |
| Mobile Phone: | Work Phone: | Home Phone: |
| Application details |
| Date of Application: | Date Registered: | Date Started: |
| Medical Information |
| Doctor Name: | Doctor Phone |
| Medical History / Conditions: |
| Authorisations  |
| Do you wish to give your child permission to leave the school grounds to go home for lunch? Yes No Do you give permission to take your child to hospital in case of serious illness or accident? Yes No Does any legal order under family law exist that the school should know about? Yes No |
| Signatures |
| Signature of Parent / Guardian: | Date: |
| Signature of 2nd Parent Guardian: | Date: |