Lismoil N.S. Enrolment Form

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| --- | --- |
| **Name of Child:** |  |
| **Date of Birth:** |  |
| **Parents/Guardians:** |  |
| **Occupations:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Religion** |  |
| **Previous School:**  **(if applicable)** |  |
| **Illnesses/Allergies** |  |
| **P.P.S. Number** |  |

If parents are not available in an emergency, please name two other adults that may be contacted:

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **ADDRESS** | **TELEPHONE NUMBER** | **RELATIONSHIP TO CHILD** |
|  |  |  |  |
|  |  |  |  |

**I grant permission for the staff of Lismoil N.S. to act on my behalf in the case of a medical emergency involving my child.**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I consent to my child’s photograph being taken in school activities. These photographs may appear in newsletters, displays and/or newspapers.**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If concerns arise there may be a need to administer diagnostic tests. These tests will be administered by the Learning Support/Resource teacher.**

**I grant permission for my child to take diagnostic tests.**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**We look forward to having your child as a pupil in our school.**