

Telephone (023) 8849890

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**Kilbritten N.S.**  
Kilbritten  
Co. Cork.

## Enrolment Form – Kilbritten N.S. (Form 2) Spraoi

Date of Enrolment to Kilbritten N.S.: \_\_\_\_\_

### Childs Details

Childs Name	_____	Date of Birth	_____		
		Religion	_____		
Address	_____				
	_____				
	_____				

### Mothers Details

Name	_____
Address	_____
	_____
Occupation	_____
Place of Work	_____
Work No.	_____
Home Phone No.	_____
Mobile No.	_____

### Fathers Details

Name	_____
Address	_____
	_____
Occupation	_____
Place of Work	_____
Work No.	_____
Home Phone No.	_____
Mobile No.	_____

Who does the child live with? \_\_\_\_\_

In the interest of your child, -are there any particular family circumstances which the office would need to be made aware of and if so please inform the Principal. ***Please note all information will be treated in the strictest confidence.***

Number of Children in the Family? \_\_\_\_\_

☐

Placing of your child, i.e. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, \_\_\_\_\_

☐

Does your child have siblings in the school? \_\_\_\_\_

Yes ☐

No ☐

Please give details of names and classes.

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Name: \_\_\_\_\_ Class: \_\_\_\_\_

### Text a Parent

The school sends notes home to parents to keep them informed of events in the school. The "text-a-parent" facility is used to complement this, and is also used in the event that an urgent matter needs to be brought to the attention of the parents. Please indicate which telephone no. you would like the texts to go to:

Text-a-Parent mobile phone contact: \_\_\_\_\_

### Childminder's Details

Childminders Name \_\_\_\_\_  
Tel. No. \_\_\_\_\_

### Doctor's Details:

Doctors Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Should we be unable to contact you, please supply the names of two people one of whom could be contacted in an emergency.

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that we are unable to contact you or your emergency contact nominees;  
Do we have permission to seek professional medical advice? (i.e. a GP or Hospital)

Yes ☐ No ☐

### Medical History

Is your child on any long-term medication? Yes ☐ No ☐

If "yes" please give details \_\_\_\_\_

Has your child any known allergies? Yes ☐ No ☐

If "yes" please give details \_\_\_\_\_

*Please note: if your child suffers from any allergy which requires the administration of medication, please complete appendix A on the Administration of Medication Form. and return it with this form. **Please give details***

Does your child have any other condition / illness /special needs which you feel could affect your child during the school day and should be brought to the attention of the class teacher?

Yes ☐ No ☐

**Please give Details:**

### Reports

Does your child have a current Multi-Disciplinary Report? (i.e. report from, Speech Therapist and Occupational Therapist and Psychologist) **Please give details and attach copies of these reports**

Yes ☐ No ☐

What is the date of your child's latest Psychological Assessment? **Please attach report**

Has your child had Speech Therapy?

Yes ☐ No ☐

If "yes", **Please give details and attach copy of report** \_\_\_\_\_

Has your child had a sight test?

Yes ☐ No ☐

If "yes", **Please give details and attach copy of report** \_\_\_\_\_

Has your child had a hearing test?

Yes ☐ No ☐

If "yes", **Please give details and attach copy of report** \_\_\_\_\_

## Mobility

Does your child have any needs with regard to mobility?

Yes ☐

No ☐

If "yes" Please give details: \_\_\_\_\_

Has your child had access to Physiotherapy?

Yes ☐

No ☐

If "yes" Please give details and attach copy of report

Has your child had access to Occupational Therapy?

Yes ☐

No ☐

If "yes" Please give details and attach copy of report

## Self Help Skills

To help us to get a clearer picture of your child's needs so that we can plan for his/her entry to school, the following information is required:

Has your child any special dietary requirements/food allergies /food intolerances?

Yes ☐

No ☐

If "yes" please give details: \_\_\_\_\_

Does your child have any sensory issues around feeding?

Yes ☐

No ☐

If "yes" please give details: \_\_\_\_\_

Can your child feed him/herself unaided?

Yes ☐

No ☐

Give details of how much assistance with feeding he/she requires: \_\_\_\_\_

What treats does your child really enjoy? Crisps, popcorn, jellies, drinks etc? \_\_\_\_\_

Give details of how much assistance your child requires with dressing: \_\_\_\_\_

Is your child toilet trained?

Yes ☐

No ☐

Currently, at what level is your child's communication? E.g. gesture, pictures, single words, sentences, other?

How would you describe your child's ability to interact with others?

Very Sociable ☐

Sociable ☐

Avoids Interaction ☐

Does your child have any difficulty with regard to sleeping?

Yes ☐

No ☐

How does your child show distress? \_\_\_\_\_

Does your child get distressed in specific environments/situations? \_\_\_\_\_

How you would describe your child's general behaviour?

Very Challenging

☐

Challenging

☐

Not Challenging

☐

Have you found any particular calming strategies which work well with your child?

Are there any special toys, items, DVD's etc used for comfort by your child? \_\_\_\_\_

Does your child have any topics of special interest? E.g. Thomas the Tank, Dinosaurs, etc.?

Any other comments or guidance that would help the teacher / school?

### Travel Arrangements

Dropped off by Parent

☐

Dropped off by Relative

☐

Dropped off by Minder

☐

Taxi

☐

### Transport

Will there be a need for transport to be provided for your child?

Yes

☐

No

☐

What are your child's transport needs with regard to seatbelts/harnesses and behaviour on transport?

Your child's placement in an ASD class will be reviewed at the end of each school year. In consultation with the Multi-Disciplinary team the school will advise you on the future schooling needs of your child.

The Information I have given in this form is accurate.

Yes

☐

No

☐

Signed:

Mother:

\_\_\_\_\_

Father:

\_\_\_\_\_

Date:

\_\_\_\_\_

Date:

\_\_\_\_\_

If any of the details on this form change, for example, if you move house, change your phone number, etc, would you please inform the school at the earliest opportunity.

Thanking you for filling out this Enrolment Form. Any questions or queries you may have, please do not hesitate to contact me on the school phone 023 8849890

Karen O' Donovan  
Principal