

ST. MARTIN DE PORRES NS – CONTACT INFORMATION FORM 2024/2025

CHILD'S INFORMATION

| | | |
|--------------------|----------------------------|---|
| CLASS: | TEACHER: | |
| CHILD'S FIRST NAME | CHILD'S SURNAME | GENDER M <input type="checkbox"/> F <input type="checkbox"/> |
| ADDRESS | DATE OF BIRTH | PPSN |
| EIRCODE | LANGUAGE(S) SPOKEN AT HOME | RELIGION |
| | CHILD'S NATIONALITY | |

PARENT(S)/GUARDIAN(S) INFORMATION

| | | |
|-------------------------------|------------------|-----------------|
| PARENT 1 FIRST NAME | PARENT 1 SURNAME | PARENT 1 MOBILE |
| PARENT 1 EMAIL | | |
| | | |
| PARENT 2 FIRST NAME | PARENT 2 SURNAME | PARENT 2 MOBILE |
| PARENT 2 EMAIL | | |
| | | |
| MOBILE NUMBER FOR SCHOOL TEXT | | |

MEDICAL AND ALLERGY INFORMATION

(please return any medical/allergy information in a sealed envelope & attach to this form)

PLEASE NOTE THAT IF MEDICATION IS REQUIRED TO BE ADMINISTERED IN SCHOOL DURING SCHOOL HOURS, A CONSENT FORM MUST BE SIGNED. IT IS THE SOLE RESPONSIBILITY OF THE PARENT TO ENSURE MEDICATION REQUIRED IS IN DATE AND HANDED INTO THE SCHOOL (E.G. EPI-PENS, INHALERS)

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| DOES YOUR CHILD HAVE ANY ILLNESSES OR ALLERGIES? (PLEASE SPECIFY) | |
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PERMISSIONS

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| PHOTOGRAPHY PLEASE TICK IF YOU DO NOT GIVE PERMISSION FOR PHOTOGRAPHS TO BE POSTED ON SCHOOL WEBSITE/SOCIAL MEDIA (E.G. LEARNING ACTIVITIES INVOLVING YOUR CHILD) | |
| SCHOOL EXCURSIONS PLEASE TICK IF YOU DO NOT GIVE PERMISSION FOR YOUR CHILD TO TRAVEL OUTSIDE OF SCHOOL GROUNDS TO VISIT LOCATIONS FOR STUDY, CULTURAL AND SPORTING PURPOSES. | |

EMERGENCY CONTACT INFORMATION

(please supply 2 emergency contact names & numbers, other than parents/guardians)

| | |
|-------------------------------|------------------------------------|
| EMERGENCY CONTACT 1 FULL NAME | EMERGENCY CONTACT 1 CONTACT NUMBER |
| EMERGENCY CONTACT 2 FULL NAME | EMERGENCY CONTACT 2 CONTACT NUMBER |

Emergency contact not parents

Allergies/Illness/Diagnosis