ST. MARTIN DE PORRES NS – CONTACT INFORMATION FORM 2026/2027

CHILD'S INFORMATION		
CLASS:	TEACHER:	
CHILD'S FIRST NAME	CHILD'S SURNAME	GENDER M ☐ F ☐
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		
1 email address must be submitted		
PARENT 2 FIRST NAME	PARENT 2 SURNAME	PARENT 2 MOBILE
PARENT 2 EMAIL		
If you wish to receive emails		
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)

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

PERMISSIONS	
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.	
Allowed to attend Church for school masses etc.	

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 1 FULL NAME	EMERGENCY CONTACT 1 CONTACT NUMBER