

St. Martin de Porres NS – Contact Information 2020/2021

CLASS: _____

TEACHER: _____

CHILD'S FIRST NAME: _____

CHILD'S SURNAME: _____

GENDER: FEMALE ☐

MALE: ☐

ADDRESS: _____

DATE OF BIRTH: _____

PPSN: _____

PHONE NUMBER: _____

EMAIL: _____

EIRCODE: _____

LANGUAGE SPOKEN AT HOME: _____

PREVIOUS SCHOOL: _____

CHILD'S NATIONALITY: _____

RELIGION: _____

MOTHER'S MAIDEN NAME: _____

MOTHER'S NATIONALITY: _____

MOTHER'S MOBILE: _____

FATHER'S NAME: _____

FATHER'S NATIONALITY: _____

FATHER'S MOBILE: _____

MEDICAL AND ALLERGY INFORMATION (PLEASE RETURN ANY MEDICAL & ALLERGY INFORMATION IN A SEALED ENVELOPE & ATTACH TO THIS FORM)

PERMISSION FOR PHOTOGRAPHS: YES ☐ NO ☐

INTERNET ACCESS ALLOWED: YES ☐ NO ☐

NOTE:

THE *STAY SAFE PROGRAMME* IS A MANDATORY PERSONAL SAFETY SKILLS PROGRAMME FOR PRIMARY SCHOOLS – BOTH MAINSTREAM AND SPECIAL. ITS OVERALL OBJECTIVE IS TO PREVENT CHILD ABUSE, BULLYING AND OTHER FORMS OF VICTIMISATION.

PLEASE SUPPLY 2 EMERGENCY CONTACT NAMES AND NUMBERS, OTHER THAN PARENTS: THIS INFORMATION IS IMPORTANT SHOULD WE NEED TO CONTACT SOMEONE IN CASE OF EMERGENCY IF PARENTS CANNOT BE REACHED.

1) EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER: _____

2) EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER: _____

FOR OFFICE USE: UPDATED ON ALADDIN ☐

ESINET ☐

POD ☐