

## ST. MARTIN DE PORRES NS - CONTACT INFORMATION 2018 / 2019

Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's first name: \_\_\_\_\_ Child's last name: \_\_\_\_\_ Gender: Female ☐ Male ☐

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ PPSN: \_\_\_\_\_

\_\_\_\_\_ Home ph. No: \_\_\_\_\_ Language spoken at home \_\_\_\_\_

**EIRCODE** \_\_\_\_\_ Email address: \_\_\_\_\_

Previous School: \_\_\_\_\_ Child's Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Mother's Nationality: \_\_\_\_\_ Mothers Mobile: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Nationality: \_\_\_\_\_ Father's Mobile: \_\_\_\_\_

Medical and Allergy Information *(Please return any Medical and Allergy information in a sealed envelope and attach to this form):*

Mobile allowed: Yes ☐ No ☐ Permission for photographs: Yes ☐ No ☐ Internet access allowed: Yes ☐ No ☐

Permission to take part in 'Stay Safe' Programme: Yes ☐ No ☐

**Please supply 2 Emergency Contact names and numbers, other than parents -**

(1) Emergency Contact Name: \_\_\_\_\_ Emergency Contact No: \_\_\_\_\_

(2) Emergency Contact Name: \_\_\_\_\_ Emergency Contact No: \_\_\_\_\_

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**For office use:** Updated on Aladdin ☐ Esinet: ☐ POD: ☐

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