



**St. Patrick's Primary School
School Information Sheet**

Pupil's Name		Date of Birth	
Address			
Postcode			
Parents' / Guardians Full Name	1.		
	2.		
Address (if different from above)			
Home Telephone Number		Mobile Telephone Number	
Day Time Telephone Number		e-mail	
Brothers/sisters already attending St. Patrick's Primary School.			

Contact Numbers	Name	Number	Relationship
Please list in order of preference The names and telephone numbers of <u>four</u> persons who may be contacted in an emergency.	1.		
	2.		
	3.		
	4.		

Doctor's Name		Telephone Number	
Specific Medical/Dietary/Mobility Issues			
If your child is asthmatic does he/she need an inhaler?	At Home Only	At School Please send in inhalers with instructions to be kept in school, you will need to complete the Administration of Medicine form).	
Arrangements for Disabled Access required, please tick (i.e. Daily, School Occasion e.g. Concerts, Assemblies etc.)			



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Normal method of travel to/from school (Please circle)	Car	Bus	Taxi	Walk
Please list those adults with whom you have an agreement regarding collecting your children on an occasional basis. (N.B. Children will not be released unless the school is satisfied as to the identity of the adult concerned.)				
If your child walks to and from school please give the details of the walking arrangements as agreed with the school.				
Please list those adults with whom you have an agreement regarding collecting your children on an occasional basis. **Please Note. Children will not be released unless the school is satisfied as to the identity of the adult concerned.	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
Parish of Baptism Please attach a copy of your child's Baptismal Certificate (not Birth Certificate) if baptised outside Mayobridge. This is for Parish/ Sacramental purposes. (Primary One Only)				
Please list younger children in the family due to start school over the next few years.	Name	Date of Birth		