

# SCOIL NA gCAILÍNÍ ÁTH TRASNA

**NEWMARKET GIRLS' SCHOOL  
POUND HILL, NEWMARKET  
CO. CORK**

Phone: 029 60723

e-mail: [gnsnewmarket@eircom.net](mailto:gnsnewmarket@eircom.net)

*Registration/Enrolment/Child's details*

Name of child \_\_\_\_\_

Date of birth \_\_\_\_\_

Home address \_\_\_\_\_

Telephone \_\_\_\_\_

Eircode \_\_\_\_\_

E.mail address \_\_\_\_\_

PPS Number \_\_\_\_\_

Parish in which she now lives (if applicable) \_\_\_\_\_

Father's name \_\_\_\_\_ Present employment \_\_\_\_\_

Father's address \_\_\_\_\_

Work telephone no. \_\_\_\_\_ Mobile no. \_\_\_\_\_

Mother's name \_\_\_\_\_ Present employment \_\_\_\_\_

Mother's address \_\_\_\_\_

Work telephone no. \_\_\_\_\_ Mobile no. \_\_\_\_\_

Text-a-parent mobile number details \_\_\_\_\_

Name/Names for mailing list (e.g. Mr. And Mrs. \_\_\_\_, Parents of \_\_\_\_, Ms. Etc. )  
\_\_\_\_\_

Playschool if any \_\_\_\_\_

Previous school/class (if transferring from one school to another)  
\_\_\_\_\_

Intended school class \_\_\_\_\_

**Given details of any health conditions (e.g. asthma, eyesight, hearing, allergies or emotional problems which may affect your child at school) in a separate sheet.**

**Name of Doctor** \_\_\_\_\_

**Any specific needs or educational needs your child may require**

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**Name and contact numbers of persons who have permission to collect your child at school**

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**Please tick the appropriate boxes below.**

**I give permission for my child's photograph to be taken at school**

**Yes**

**No**

**I give permission for my child's photograph to be displayed at school, at other venues, in the local media and on the school website.**

**Yes**

**No**

**I give permission for my phone number and address to be forwarded to other agencies e.g. HSE, dentist etc.**

**Yes**

**No**

**I give permission for my phone number and address to be given to The Parish Office if we're involved in sacramental preparation (where applicable)**

**Yes**

**No**