

**Hollymount National School**

**Hollymount, Rathmore, Co. Kerry.**

**Website:** [**www.hollymountns.ie**](http://www.hollymountns.ie)

**Email:** [**hollymountns@gmail.com**](mailto:hollymountns@gmail.com)

**Tel: 064 7758269**

**Additional information of new pupils**

Religious denomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and place of baptism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and contact details of pre-school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any previous school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of family doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrangements to be made if child is ill in school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does any legal order under family law exist that the school should know about? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The school should be made aware of any court order which affects the child’s welfare and also the name of any person into whose custody the child should not be given)

Any other useful information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any problems the child may have in relation to health (allergies, epilepsy, asthma, sight, hearing, fainting, toilet training, inability to cope with buttons, laces etc.) or anything you deem necessary to bring to the schools attention.

**\*Please submit a copy of your child’s birth-cert which will be kept on file in the school\***