



Website: [www.loughgurns.com](http://www.loughgurns.com)

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## Enrolment Form 2024/25

Child's Name:

Address:

Eircode

Date of Enrolment:

Telephone No:

Date of Birth:

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Child's PPS No:

Nationality:

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Religion:

Ethnic or cultural background:

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Parents' / Guardians' Names:

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Mother's mobile

Father's mobile

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Please indicate (tick) to us which phone should receive the text messages from the school.

Mothers	
Fathers	

Family Doctor:

Telephone No:

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Any medical problems the school may need to be aware of:

.....

.....

Is your child attending a Speech & Language Therapist.

Yes

No

If yes, please give details:

.....  
.....  
.....

Has your child ever attended a Child Psychologist.

Yes

No

If yes, please give details:

.....  
.....  
.....

Please furnish copy of child's Birth Certificate with this form.

**\*\*Please note the information you have given will be transferred to the Department of Education Primary Online Database (P.O.D.)\*\***

Signed:

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Parent / Guardian

Date:

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