

Tallanstown NS



REGISTRATION FORM [2026-2027] Uimhir Rolla:02745N

Please complete in BLOCK CAPITALS		CLASS:	
Pupil's Name:		Male/Female	
Date of Birth:		Country of Birth:	
P.P.S. Number:		Nationality:	
Address:		If born outside the country, year of arrival in Ireland:	
		Languages spoken in the home:	
Eircode:		Religion (if applicable):	
Parent/Guardian Details		Parent/Guardian Details	
First Name:		First Name:	
Last Name:		Last Name:	
Relationship to child:		Relationship to child:	
Phone No (Home):		Phone No (Home):	
Phone No (Work):		Phone No (Work):	
Phone No (Mobile):		Phone No (Mobile):	
Email Address:		Email Address:	
Names of brothers/sisters enrolled in this school or who are past pupils of the school:			
<p>It is school policy to pass on the above information excepting Religion and Ethnicity to the Department of Education and Skills.</p>			

Please tick		Yes	No
Are there any orders or other arrangements in place governing access to or custody of your child?			
The school may share Personal Pupil Data with other organisations such as HSE, Tusla, An Garda Síochána, etc where there is a legal basis for doing so under GDPR.			
Name of Previous School/Pre-school:			
Address:			
Principal's Name:		Phone No:	
Additional local contact names, to be contacted in emergencies [Not the same as above]			
Name:		Phone No:	
Relationship to child:			
Name:		Phone No:	
Relationship to child:			
Name:		Phone No:	
Relationship to child:			

Please tick	Yes	No
Have you attached a Birth Certificate for your child?		

SCHOOL USE ONLY	
If the language spoken at home is NOT English, an Appointment with our E.A.L. (English as Another Language) teacher is required.	
Date of Appointment: _____ Time: _____	
Teacher: _____	

Relevant Medical Information:	
Family Doctor:	Phone No:
Any medical concern/information of relevance? (use a separate sheet, if required)	
Has your child any Special Educational Needs? Details:	

Consent Form

We would like your permission for the following in relation to your child

Please tick the appropriate box and sign - Both parents/guardians please sign below

Please Tick	Yes	No
Activities Outside/After School		
During the school year classes may undertake activities outside the school premises e.g. visiting the church, library. I consent that my child may do so.		
D.T. (Digital Technology)		
I give consent for my child to use the digital devices in the school in line with our Acceptable Use Policy.		
School Website/Publications: I give consent for the use of school related photographic images which include my son/daughter on the school website, local newspapers, school facebook page, instagram or in other school publications or displays. I understand that s/he will not be identified individually.		
Dept of Education & Skills		
I give written parental consent to share Ethnic or Cultural Background and Religion with the Department of Education & Skills.		
Medical Emergencies		
I give permission for my child to receive any medical attention deemed necessary and to be taken to hospital in case of serious illness or accident.		
School Policies		
I have read a copy of Tallanstown NS Code of Behaviour and agree that my child and I will abide by it.		
I agree to familiarise myself with all school policies, agree to abide by them and agree to discuss them at an appropriate level with my child.		
Competitions		
I give consent to allow my child to enter school competitions and for their name and date of birth to be shared with the organisers.		

I/we wish to enroll my/our child in Tallanstown NS	
I/we have read a copy of Tallanstown NS Admission Policy	
I/We understand that it is a condition of admission that I/we accept the school's Code of Behaviour policy ratified by the B.O.M. of Tallanstown NS.	
Signed:	Parent/Guardian Date:
Signed:	Parent/Guardian Date:
Both Parents/Guardians to sign	

Please email to office@tallanstownns.ie or leave a hardcopy into the school by 5th December 2025 @ 3pm