

St. Laurence O'Toole's C.B.S  
Seville Place, Dublin 1.  
Phone/Fax: (01) 8363490  
Website: [www.larriers.ie](http://www.larriers.ie)  
E-mail: [info@larriers.ie](mailto:info@larriers.ie)  
School Roll Number: 17110B



**School Form for Updating or Enrolment for Pupils**

I wish to enrol my son in St. Laurence O'Toole's CBS.

First Name of Pupil: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

(must be provided)

Was your child baptised? YES  No

Religion of Child: \_\_\_\_\_

Nationality of Child: \_\_\_\_\_

First Contact Phone Number: \_\_\_\_\_

Second Contact Phone Number: \_\_\_\_\_

Junior School: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Please return completed forms to:

St. Laurence O'Toole's C.B.S.  
Seville Place  
Dublin 1

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 Seville Place, Dublin 1.  
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Name of Child: \_\_\_\_\_

Class: \_\_\_\_\_

YES

NO

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. I give permission for my child to be involved in the <b>Stay Safe Programme</b>                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I give permission for my child to be involved in the <b>RSE Programme</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I give permission for my child to go on <b>school outings</b> and <b>lessons</b> outside the school premises         | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I wish to take part in the <b>Book Rental Scheme</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I support the school's <b>Healthy Eating Policy</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I give permission for my child to be in <b>school photographs</b> and <b>videos</b>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I give permission for these photographs and videos to be used on the <b>school website</b> and <b>blog</b>           | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I give permission for <b>educational tests</b> to be administered  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I give permission for my child to be withdrawn from class during the year for <b>individual specialised teaching</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I give permission for my child to be taken straight to hospital in case of serious illness or accident              | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does any legal order under family law exist that the school should know about?                                      | <input type="checkbox"/> | <input type="checkbox"/> |

\_\_\_\_\_

12. Other comments \_\_\_\_\_

Signed: \_\_\_\_\_

(Parent/Guardian)

Contact Number: \_\_\_\_\_

Date: \_\_\_\_\_