



**If transferring from a school, other than Ratoath J.N.S., please fill in the following :-**

Your Previous Address: \_\_\_\_\_

**All Previous Schools Attended:**

Name :	For Class :	Address / Tel No.:

Have you formally informed the last school of this transfer?                      yes  / no

Permission is hereby granted for my child's / children's previous school to forward all relevant reports, assessments, psychological reports and medical reports which they have on file to Ratoath S.N.S.                      yes  / no

**Please attach or forward Copies of any records and reports from the previous school**

**MEDICAL INFORMATION**

Completed forms will be kept in your child's personal file in the school. It is important that you advise us with regard to your child's health, as the teacher may need to be aware of any medication or treatment, which he/she is receiving.

Doctor's Name: \_\_\_\_\_ Tel No. \_\_\_\_\_

No medical problems to declare:     

Medical Information : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of Medication being taken (if any):  
\_\_\_\_\_

Emergency Situations:  
Whereas every effort will be made to make contact first with a parent or guardian, in cases of emergency a child or children will be brought to a doctor or hospital at the teacher's or Principal's discretion.

We / I **agree** with the emergency procedure outlined:                     

We / I **do not agree** with the emergency procedure outlined:                     

**Signed (Mother):** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

**Signed (Father):** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

**Signed (Guardian):** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

***[please attach or forward a copy of the pupil's Birth Certificate]***