

Celbridge Workshop Enrolment Form 2018/19

A form should be completed for each individual student seeking to enrol for the 2018/19 academic session and then returned, at the earliest opportunity, to the Workshop Coordinator, Dominic Tyrrell or emailed to: celbridge@dyslexia.ie



Student Name: _____ **Date of Birth:** _____ **Age:** _____

Returning Student **New Student** (please tick one)

Parent(s)/Guardian(s): _____

Address(es): _____

Mobile Phone(s): _____

Email Addresses: _____

DAI Membership Number: _____ *Up to date membership of the DAI is required for all attending workshops.*

Please tick one:

- (a) I attach a copy of the assessment report that confirms my son/daughter has dyslexia. Attached
(b) The Workshop already has a copy of my son/daughter's assessment report.

Date of Assessment: _____ **Completed By:** _____

Name and Address of Current School: _____

Class in School in September 2018: _____

Please provide contact details of two people who may be contacted in the event of an illness or emergency:

Contact Person 1: _____ **Mobile Tel:** _____

Contact Person 2: _____ **Mobile Tel:** _____

Please detail any significant health issues your child has that would be important for staff to be aware of, and/or details of medication that he/she is currently taking. Please add separate sheet if you prefer.

In the event of an emergency and when every effort has been made to contact us without success, I hereby give permission for our son/daughter to be taken by ambulance to hospital and there to receive any urgent medical/surgical attention deemed necessary in such an emergency.

I can confirm that all the information is accurate and understand that all this information is treated confidentially. Assessment reports are only shared with tutors on a need to know basis. Branch and Workshop records are maintained confidentially by the Dyslexia Association of Ireland.

Signed: _____ **Date:** _____
(Parent/Guardian)

Signed: _____ **Date:** _____
(Parent/Guardian)