



SCOIL AN CHEATHRAIR ÁLAINN
Ladyswell, Mulhuddart, Dublin 15.
www.ladyswellns.ie Ph: (01) 820 4255
Early Start Enrolment Form

FOR OFFICE USE ONLY

Birth Certificate
Proof of address
Proof of PPSN
Date Received: _____
Date of Admission: _____

Child's First Name: _____ Child's Surname: _____ Male
Date of Birth: _____ Child's PPS Number: _____ Female

Address: _____
First language spoken in the home: _____ Child's Nationality & Religion: _____
Other language(s) spoken in the home: _____ Email Address: _____
Mother's Name: _____ Father's Name: _____
Country of Origin: _____ Country of Origin: _____
Language(s): _____ Language(s): _____
Occupation: _____ Occupation: _____
Place of Work: _____ Place of Work: _____
Telephone: _____ Telephone: _____

Name of Emergency Contact Person: _____ Relationship to child: _____ Telephone: _____

Numbers of Children in the Family: ____ Boys ____ Girls
Position of Child in Family (e.g. 1st, 2nd etc.): _____

Name(s) of Brothers/Sisters already in this School:	Name(s):				
	Class(es):				
Brothers/Sisters attending other primary schools:	Name(s):				
	School:				

Child's Relevant Health Problems/Allergies: _____

Has your child had any of the following assessments?: Assessment of Need , Speech & Language ,
Psychological Assessment , Other (Please specify) _____
Failure to provide the school with all relevant medical, psychological and other reports will invalidate the enrolment application and result in the child being withdrawn from the school.

Name of Last School/Preschool/Crèche this Child Attended: _____
Address and Phone Number of Previous School: _____
Last Class Attended: _____
Date of Leaving Previous School: _____

Any Other Relevant Information: _____

I understand that any misinformation may invalidate this application.
 I have read and accept the school's Code of behaviour.
 I accept the school's ethos.

Parent's/Guardian's Signature: _____ Date: _____

- Please include the following information:
- Proof of Address: (Original utility bill or bank statement)
 - Original Birth Certificate
 - Proof of PPS Number (e.g. Public Services Card/Social Services Card/GP Visit Card/Medical Card)
 - Baptismal Certificate (Catholic children only)