



**SCOIL AN CHEATHRAIR ÁLAINN**  
**Ladyswell, Mulhuddart, Dublin 15.**  
**www.ladyswellns.ie Ph: (01) 820 4255**  
**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 <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	Child's PPS Number:	

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

First language spoken in the home:	Child's Nationality & Religion:
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Other language(s) spoken in the home:	Email Address:
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Mother's Name: Country of Origin: Language(s): Occupation: Place of Work: Telephone:	Father's Name: Country of Origin: Language(s): Occupation: Place of Work: Telephone:
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Name of Emergency Contact Person:	Relationship to child:	Telephone:
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Numbers of Children in the Family: \_\_\_ Boys \_\_\_ Girls  
 Position of Child in Family (e.g. 1<sup>st</sup>, 2<sup>nd</sup> etc.): \_\_\_\_\_

Name(s) of Brothers/Sisters already in <b>this</b> School:	Name(s):				
	Class(es):				
Brothers/Sisters attending <b>other</b> 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medical, psychological and other reports will invalidate the enrolment application and result in the child being withdrawn from the school.**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 /GP Visit Card/Medical Card)
  - Baptismal Certificate (Catholic children only)