

Application for Enrolment Form

Child's Name: _____**D.O.B:** _____**PPS No:** _____**Religion:** _____**Parent's/Guardian's Names:**

1. _____

2. _____

Occupation: _____**Occupation:** _____**Address:** _____

Home Tel No: _____**Mobile No 1:** _____**Mobile No 2:** _____**Eircode:** _____**No. for text messaging:** _____**Email address:** _____**Doctor's Name:** _____ **Tel No:** _____**Name of previous school (if applies)** _____**Principal's Name:** _____ **School Phone No:** _____**Has your child/children attended playschool:** Yes: _____ No: _____

Please outline any additional information regarding your child here. (e.g., long term illness, special needs, Educational/Psychological assessments carried out). Also please include any other information of which the school should be aware e.g., allergies etc. Thanks.

In case of emergency during school hours please state: (other than parents' details)**Contact Names:****Description:****Tel No:**

Occasionally individual/group photographs are taken in school.

Do we have your permission to include your child in school related photographs?

Yes: _____ No: _____

Are you willing to allow your name to go forward for Board of Management or Parents Association?

Mother: Yes / No**Father:** Yes / No**Parents Signature:** _____**Date:** _____