

ENROLMENT FORM – ACADEMIC YEAR
INTERNATIONAL STUDENTS

Agent's Name: _____ Contact

No: _____

Agent's Email

Address: _____

Date of Enrolment: _____

Year group you are enrolling for in this school _____

Duration of Stay: (Please provide exact dates): _____

Pupil's Surname: _____ Christian

Name: _____

(as on her Birth Cert)

Christian Name by which she is known: _____

Date of Birth: _____ Pupil Mobile

No: _____

Full Home

Address: _____

Country of Birth: _____ Passport(s)

held: _____

Day Pupil

Boarder

Day Boarder

Father's Full Name: _____ Mobile

No.: _____

Email

Address: _____

Mother's Full Name: _____ **Mobile**

No: _____

Email

Address: _____

Name and Address of Host

Family: _____

Contact No for Host Family : _____

MEDICAL INFORMATION

In the event of an accident or medical emergency, we ask your permission to bring your daughter to the doctor / hospital

Signed: _____

Does your daughter suffer from allergies? (Give details – e.g. penicillin, nuts, plasters, etc)

Has your daughter any health issues that would effect full participation in school life? (Give Details)

Eyesight problems ?

Hearing problems?

Please enclose the following with this Enrolment Form.

- **Your daughter's Birth Certificate**
- **Two passport photographs**

Parents / Guardians are advised that by signing this form they are indicating their consent to this information being held by the school and to it being shared with the Department of Education and Skills.

Signed : _____ (Mother)

Signed: _____ (Father)