

ENROLMENT FORM – ACADEMIC YEAR 2019 – 2020
Year of Entry other than First Year

Date of Enrolment: _____

Year group you are enrolling for in this school _____ Irish Exemption Y/N _____

Pupil's Surname: _____ Christian Name: _____
(as on her Birth Cert)

Christian Name by which she is known: _____

Date of Birth: _____ PPS No.(must be provided) _____

Family Medical Card : Yes _____ No _____ Card No. _____

Post Primary School(s) attended: _____ Dates: _____

School Phone No: _____ Post Primary School Roll No: _____

Home Address: _____

Home Phone No: _____ Pupil's Mobile: _____

Country of Birth: _____ Passport(s) held: _____
(e.g. Irish) _____

Day Pupil Boarder Day Boarder

Father's Full Name: _____ Mobile No.: _____

Email Address: _____

Mother's Full Name: _____ Maiden Name: _____

Past Pupil Yes _____ No _____ Mobile No: _____

Email Address: _____

No. of Children in Family: _____ Boys _____ Girls _____ Place in Family: _____

Sisters who are presently attending this school

Name: _____ Year Group _____

Name: _____ Year Group _____

Sisters who are past pupils of this school

Name: _____ Year of Completion _____

Name: _____ Year of Completion _____

PHOTO CONSENT

I consent that my child's photo can be used on school website and promotional material

Please tick Yes No

Signature: _____

I understand that I can withdraw consent at any time Yes No

MEDICAL INFORMATION

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

Signed: _____

Family Doctor's Name: _____ Phone No. _____

Does your child 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 Most recent school report
- If applicable – Junior Cert / Leaving Cert Results.

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

I consent to Presentation Secondary School, Thurles contacting previous schools.

Signed: _____ (Mother)

Signed: _____ (Father)

