

ENROLMENT FORM – ACADEMIC YEAR 2019 - 2020

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)** _____

Home Address: _____

Home Phone No: _____ **Pupil's Mobile:** _____

Country of Birth: _____ **Passport(s) held:** _____

(e.g. Irish) _____

Day Pupil

Boarder

Day Boarder

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

Primary School Phone No: _____ **Primary School Roll No:** _____

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

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

Email Address: _____

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

Email Address: _____

Mobile No: _____

Past Pupil Yes _____ No _____

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

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.

Completed application forms to be returned by Friday 7th December 2018

Signed: _____ (Mother)

Signed: _____ **(Father)**