

**ENROLMENT FORM – ACADEMIC YEAR 2018 – 2019**  
**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.: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

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

Mother's Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Past Pupil Yes \_\_\_\_\_ No \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

Name/s and Address/es for Correspondence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

**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 to it being shared with the Department of Education and Skills.

Signed: \_\_\_\_\_ (Mother)

Signed: \_\_\_\_\_ (Father)