

ENROLMENT FORM – ACADEMIC YEAR 2018- 2019

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.** _____

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

Primary School Phone No: _____ **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**

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.

Completed application forms to be returned by Friday 1st December 2017

Signed: _____ **(Mother)**

Signed: _____ **(Father)**