

SCOIL MHUIRE APPLICATION FOR ENROLMENT FORM

(The following information is gathered for enrolment purposes at Scoil Mhuire only. The Board of Management is responsible for the management and safe storage of this data. It may/will be shared with the following -the Department of Education & Skills, TUSLA, National Council for Special Education, HSE (Immunisation Team) and the primary/secondary school in which your child has enrolled. If changes are made to your child's personal data please ensure that you inform the school so that the information held is accurate and up-to-date.)

Please complete the form clearly and in block capitals.

Child's name: (As on birth certificate) _____

Gender: _____

PPS No.: _____

First name by which child is to be known: _____

Date of Birth: _____

Nationality: _____

Religion: _____

Language(s) spoken: _____

Class in which child is to be enrolled: _____

Parents'/Guardians' names: _____

Address: _____

_____ Eircode _____

Most reliable Mobile Telephone number: _____

Additional contact number(s): _____

Current pre-school/playschool or previous school:

In the case of a transfer from another primary school please supply your child's school report book.

Has your child ever had or does she/he currently have:

Vision Problems: Yes _____ No _____ Hearing Problems: Yes _____ No _____

If yes to any of the above, please give details: _____

Has your child ever been assessed by a psychologist, speech and language therapist, occupational therapist or other such professional? _____

If so, please include a copy of this report with the enrolment form.

Please outline any other relevant information that you feel the school should be made aware of: _____

If applicable, please supply the following data regarding younger siblings.

Child's name	Date of birth	Year for enrolment

Signature of Parent/Guardian

Date