

SCOIL MUIRE BANRÍON - APPLICATION FOR ENROLMENT

FOR OFFICE USE ONLY.

Date of application: _____

Received By: _____

Please provide a copy of your child's Birth Cert, Baptisimal Cert & other reports you consider appropriate.

Pupil's Name: _____ Male: Female Date of Birth: _____

Address: _____

PPS No.: _____ Religion: _____ Nationality: _____

Languages Spoken in the family home: _____

Previous School/Pre-School _____ Class: _____

School Address: _____

Ethnic or Cultural Background (please tick as appropriate)

- White Irish Irish Traveller Any other White background Roma
- Black African Any other Black background Chinese Any other Asian background
- Other (incl. mixed background) No consent Given

Parents/Guardians Details

Mother's Name/Legal Guardian 1: _____ Mother's Maiden Name: _____

Phone Number: _____ Address (If different from above): _____

Father's Name/Legal Guardian 2: _____

Phone Number: _____ Address: (If different from above): _____

Preferred contact number for "Text-a-parent" service: _____

Emergency Contacts

Emergency Contact 1. Name: _____ Phone Number: _____

Relationship to the child: _____

Emergency Contact 2 - Name: _____ Phone Number: _____

Relationship to the child: _____

Other Useful Information- If necessary please continue overleaf →

Family Doctor: _____ Medical Conditions/Allergies/Current Medication: _____

Has your child been involved with any outside agencies/services? If so, please give details: _____

Child's place in the family: _____ No. of Siblings: _____ Sibling(s) in the school: _____

If there is any other important or relevant information please give details: _____

Data Protection

The information provided above is necessary for the school to comply with legislative and administrative requirements and to allow parents to be contacted in case of an emergency. This information will be stored and treated as highly confidential. From time to time the school will be asked to provide information to the Department of Education and Skills and to the HSE etc. to facilitate for example the school immunisation, hearing, eyesight and dental programmes etc. Please sign below to give consent to the school for this information to be stored as necessary and forwarded when requested to the above agencies.

Signature of Parent/Guardian : _____ Date: _____