



ENROLMENT FORM APPLICATION 2024/2025: Junior Infants only

Pupil's Full Name : _____ (as on birth cert)

PPS No: _____

A copy of child's Birth Certificate must accompany this form & will be retained in the school file.

A copy of child's Baptismal Certificate (if applicable) for the receiving of the sacraments of First Holy Communion & Confirmation.

Christian Name by which child is known : _____ Place in Family: _____

Date of Birth : _____ Nationality: _____

Church (or Parish) of Baptism: _____

Address : _____ Eircode: _____

Mothers Mobile No: _____ Father's Mobile No: _____

Email addresses: Mother: _____ Father: _____

Mother's Maiden Name: _____ Father's Name: _____

Mobile No. for text-a-parent: _____

Any previous schools attended: _____ Class: _____

Pre-school attended: _____

Name of Family Doctor: _____

Your child may be brought to Doctor or hospital in the event of emergency.

Does your child have any medical condition(s)? Y/N _____

If Yes, please identify _____

Any other important information? _____

Is your child on any long-term medication? Y/N _____

If Yes, specify _____

Has child attended the Brothers of Charity, Enable, KIDS or any other disability services : Y/N _____

If Yes, Please give details: _____

Has your child attended a Speech & Language or Occupational Therapist? Y/N _____

Where/Whom? _____

Names & ages of any younger brothers & sisters: _____

N.B. Persons who may be contacted if child becomes ill at school and parents are unavailable :-

Name: _____ Name : _____

Address: _____ Address: _____

Phone No: _____ Phone No: _____

If any details on this form should need to be updated or changed during your child's attendance at school please notify the Principal.

Acceptance for enrolment requires that parents and pupils accept and comply with school policies.

Signature of Parent/Legal Guardian: _____

Date: _____

Please return, with certificates, by Wed. 31st January 2024

**** If required, continue overleaf or on a second sheet.**