

# St. Mary's B.N.S. – Enrolment Application Form

(Tel(068)31699      stmarysboys.ias@eircom.net)

## **Sonraí Pearsanta an Pháiste / Child's Personal Details**

Full Name of Child: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

PPSN. No: \_\_\_\_\_

To Be Placed in \_\_\_\_\_ Class.      Starting in Sch.Year: 20\_\_ / 20\_\_  
*Jnr. Infnts/1<sup>st</sup> Class etc.)*      *(2016/'17 etc)*

Parish: \_\_\_\_\_ Religion: \_\_\_\_\_

Church of Baptism \_\_\_\_\_

Home Tel : \_\_\_\_\_ Home E-Mail: \_\_\_\_\_

No. Of Children In Family: \_\_\_\_\_ Place of Child In Family: \_\_\_\_\_

Are any siblings already attending St. Mary's B N.S.?    Yes       No

*\*If other than Jnr. Infnts., please record name and address of previous school(s) and last class completed.*

## **Tuistí / Parents**

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work & Mobile Tel. Nos: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work & Mobile Tel. Nos: \_\_\_\_\_

## **Sonraí Eile / Other Details**

*Pupils sometimes take ill at school and need to be collected. On such occasions we contact parents. However, it may be necessary to have the telephone number of your child's doctor and of someone else we can contact in the event of an emergency, where parents are unavailable. Please list at least one such number below.*

Your Child's Doctor: \_\_\_\_\_ Tel: \_\_\_\_\_

Contact Person No. 2: \_\_\_\_\_ Tel: \_\_\_\_\_

Contact Person No. 3: \_\_\_\_\_ Tel: \_\_\_\_\_

If your child suffers from any medical conditions please note them below:

\_\_\_\_\_  
\_\_\_\_\_

Signature / Síniú: \_\_\_\_\_ (Parent/Guardian)

*Please return this application, complete with birth certificate, to the school.*