Carrickleck N.S

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Enrolment/Admission Application Form

Child's Details:
Pupil's Forename: _____ Pupil's Surname : _____
Birth Cert Forename: _____ Surname: (If different from above) _____
Nationality: _____ Gender: _____ Date of Birth: _____
Full address: (please include Eircode)_____
PPS Number: _____ Religion: _____
Please ensure a copy of your child's birth certificate is attached   Yes: _____   No: ____

Parent's/ Guardian's Details:
Mother's Name: _____ Mother's Maiden name: _____
Telephone: Home: _____ Mobile:_____ work: _____
E-mail address: _____ Occupation: _____

Father's name:_____
Telephone: Home: _____ Mobile:_____ work: _____
 E-mail address: _____ Occupation: _____

Details of previous schools attended if any _____
Emergency contact: Name _____ Tel. _____
Family doctor: Name _____ Tel. _____
Medical history: Please list any problems the child may have in relation to health matters,
e.g. allergies, asthma, sight , hearing, speech, fainting, etc.
_____
_____
Food - any special diet / allergies? Yes/No _____   Any medication? Yes/No_____
Any special care/attention needed? Yes/No _____   If the answer is yes to any of the above
questions please give details below;
_____
_____
Persons who may be delegated to collect pupil from school other than parents/guardians.
Name _____ Tel. _____
Name _____ Tel. _____
Any pre-school / play school / playgroup? Yes/No _____
If yes please give details
here;_____
_____

Any other relevant information about the pupil's development which you feel may be useful may be given
here;_____
_____
Please note that all the information given above is strictly confidential. Some of the information will be stored on the Primary Online Database (POD) used by the Dept of Education.

Signatures of Parents /Guardians _____ Date _____

_____   _____