

Scoil Mhuire na Dea Chomhairle
Headford, Co. Galway.
Enrolment Application Form

Applicant's details

Child's Surname: _____

Child's Christian Names: _____

Date of Birth: _____

Address:

Child's PPS no: _____

Date and Place of Baptism: _____

Please provide the school with the following documents once the child has been enrolled in the school:-

Please tick:

Child's Birth Certificate: (copy)

Latest school reports (if transferring from another school)

Parents details:

Name of Mother: _____ Name of Father: _____

Phone (Home) _____ Phone (Home) _____

Phone (Work) _____ Phone (Work) _____

Mobile No: _____ Mobile No: _____

E mail _____ E mail _____

Occupation: _____ Occupation: _____

Emergency contact number (other than parents)

Name: _____ Number _____ Relationship to child _____

Child's legal guardian/s: _____

Other individuals to whom you give permission to collect your child from school:

Name: _____

Name: _____

Educational History:

If applicable please complete:

Name of playschool/Montessori (if relevant) _____

Other Primary Schools attended: _____

Medical details

Does your child suffer from any medical illness/allergies Yes _____ No _____

Does your child require any medication during school hours Yes _____ No _____

Please specify details: _____

Medical Contact Numbers:

Name of Doctor/Surgery: _____

Phone Number(s): _____

In the event of an emergency/accident occurring and if the school is unable to contact you on the numbers provided, it is the school policy to seek medical advice from the local clinic in Headford.

I shall pay whatever fee is involved

Signature of parent/Guardian _____

Code of Behaviour

By enrolling your child in our school you are accepting our Code of Behaviour

_____ parent/guardian signature
