

St. Mary's National School Castlefin

Application For Admission of New Pupils

Year 2009 / 2010

Name of Child: _____ Date of Birth: _____ Male Female

Father's Name: _____

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

Home Address: _____

Tel. No. Home: _____ Work _____ Mob. _____

Contact Name (s) & Tel. Nos. _____

Parent's Occupation Father: _____ Mother: _____

Any Previous School / Play School Attended: _____ Class: _____

Will Your Child Come To School By Bus, Walk, Car etc. _____

Name / Address Of Family Doctor _____

Irish Version Of Child's Name: _____ P.P.S. No. _____
(Otherwise school will translate)

Do You Give Permission To Take Your Child Straight
To Hospital In Case Of Serious Illness or Accident? _____

Does Any Legal Order Under Family Law Exist That The School Should Know About? _____

If Yes Please Give Details: _____

Type Of Housing e.g. Private, Council Owned, Rented: _____

Medical Card No. _____ or S. W. Benefit _____

Have You Attached (a) Birth Cert _____ (b) Baptismal Cert _____

Do you wish to avail of the School Book Rental Scheme Yes No

Any Other Useful Information

For instance, list any problems the child may have in relation to health, (allergies, epilepsy, asthma, sight, hearing, speech, fainting, etc.)

The school should be made aware of any court order which affects the child's welfare and also the name of any person into whose custody the child should not be given.

You will receive a copy of "School Rules & Procedures" in due course.
We / I will co-operate with staff and support the ethos of the school.

Signed: _____ Parent / Guardian Date: _____