

SCOIL NÁISIÚNTA MĦUIRE NAOFA

Rathfeigh National School

Rathfaiche, Teamhair, Co. na Mí
C15 F220
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Uimhir Charthanachta: 20206219

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Roll No: 17964K
Charity No.: 20206219

ENROLMENT FORM

PUPILS NAME: _____

ADDRESS: _____

EIRCODE: _____

DATE OF BIRTH: _____ **P.P.S.NO:** _____

PARENTS/GUARDIANS NAMES:

(1) _____ (2) _____

MOBILE (1) _____ **MOBILE (2)** _____

NAME AND PHONE NUMBER OF PERSON TO TAKE RESPONSIBILITY FOR

YOUR CHILD IN YOUR ABSENCE FROM HOME: _____

RELIGION: _____ **PRE-SCHOOL: YES/NO**

NAME OF PREVIOUS SCHOOL: _____

PLACE IN FAMILY: _____

NAME OF BROTHERS /SISTERS/FRIENDS IN SCHOOL: _____

ANY OTHER RELEVANT DETAILS: (MEDICAL) ALLERGIES ETC. _____

SIGNATURE OF PARENTS/GUARDIANS: _____

E-MAIL ADDRESS: _____

PLEASE ATTACH A COPY OF YOUR CHILD'S BIRTH CERTIFICATE