

SCOIL NÁISIÚNTA MhUIRE NAOFa

Rathfaiche,
Teamhair,
Co. na Mí
'Fón/Faics: (041)9825156



Uimhir Rolla: 17964K

ENROLMENT FORM

PUPILS NAME: _____

ADDRESS: _____

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