

Rathkeevin National School Rathkeevin, Clonmel, Co. Tipperary E91 TX38 Tel & Fax 052 6121680

Please fill in year

## APPLICATION FOR ENROLMENT

## SEPTEMBER 20\_

| NAME OF CHILD   |               |   |  |
|---|---------------|---|--|
| DATE OF BIRTH   |               |   |  |
| PPSN  |               |   |  |
| FATHER'S NAME   |               |   |  |
| FATHER'S OCCUPATION   |               |   |  |
| MOTHER'S NAME   |               |   |  |
| MOTHER'S MAIDEN NAME  |               |   |  |
| MOTHER'S OCCUPATION   |               |   |  |
| HOME ADDRESS  |               |   |  |
| (Include Eircode)   |               |   |  |
| TELEPHONE NUMBERS   | HOME          |   |  |
| Please nominate one of these number to receive text messages if you wish. | FATHER        | ) |  |
|   | EMAIL ADDRESS |   |  |
| COUNTRY OF BIRTH  |               |   |  |
| PARISH  |               |   |  |
| DATE & PLACE OF BAPTISM   |               |   |  |
| CLASS YOUR CHILD IS ENTERING  |               |   |  |
| ANY PREVIOUS SCHOOL (Please include any Playscho                          |               |   |  |
| CLASS IN THAT SCHOOL  |               |   |  |
| REASONS FOR TRANSFERRING  |               |   |  |
| HAVE YOU ATTACHED REPORTS FROM YOUR CHILD'S PREVIOUS SCHOOL               |               |   |  |

| IRISH VERSION OF CHILD'S NAME (Otherwise school will translate)  |         |  |  |
|--|---------|--|--|
| ANY AILMENTS /HEALTH PROBLEMS THE SCHOOL SHOULD BE AWARE OF  ARE THERE REPORTS CONCERNING YOUR CHILD THAT THE SCHOOL SHOULD BE AWARE |         |  |  |
|  |         |  |  |
| NAME OF FAMILY DOCTOR  |         |  |  |
| TELEPHONE NUMBER OF FAMILY DOCTOR  DO YOU GIVE PERMISSION FOR YOUR CHILD TO TAKE PART IN THE STAY SAFE                               |         |  |  |
| PROGRAMME ?  |         |  |  |
| DOES ANY LEGAL ORDER UNDER FAMILY LAW EXIST THAT THE SCHOOL SHOULD KNOW  |         |  |  |
| ABOUT?   |         |  |  |
| HAVE YOU A MEDICAL CARD NUMBER OR SOCIAL WELFARE ENTITLEMENT   |         |  |  |
| (Please detail)  |         |  |  |
| HAVE YOU ATTACHED A) BIRTH CERT B) BAPTISMAL CERT your son/daughter is receiving the se  |         |  |  |
| RELATIVES IN THE SCHOOL  |         |  |  |
| (Detail the relationship eg. Cousin)   |         |  |  |
|  |         |  |  |
| WE HAVE RECEIVED AND READ A COPY OF THE SCHOOL'S CODE OF DISCIPLINE W  | HICH WE |  |  |
| AGREE TO HELP TO IMPLEMENT. WE WILL SUPPORT THE ETHOS OF THE SCHOOL.   |         |  |  |
| I CONSENT TO MY CHILD BEING ALLOWED TO TRAVEL ON SCHOOL-RELATED TRI  | PS.     |  |  |
| I CONSENT TO MY CHILD'S PHOTOGRAPH BEING USED FOR SCHOOL- RELATED PU   | RPOSES. |  |  |
| SIGNED:  |         |  |  |
| DATE:  |         |  |  |

N.B. In the event of a change of address, telephone number or other contact information, please inform the school. The responsibility to inform the school thereof rests with the parents.