

ENROLMENT



MEÁN SCOIL MHUIRE

APPLICATION FOR FIRST YEAR 2011/2012

(Fill in BLOCK CAPITALS please)

SURNAME: _____ FIRST NAME(S): _____

ADDRESS: _____

MOTHERS MAIDEN NAME: _____

DATE OF BIRTH: _____ TELEPHONE: _____

NAME OF PREVIOUS SCHOOL: _____

MOTHERS NAME: _____ NATIONALITY: _____

OCCUPATION: _____ WORK PH: _____ MOBILE NO: _____

FATHERS NAME: _____ NATIONALITY: _____

OCCUPATION: _____ WORK PH: _____ MOBILE NO: _____

ADDRESS: _____ (if different from above)

RELIGION: _____ PARISH: _____

HEALTH PROBLEMS: _____ (e.g. Asthma, Epilepsy, Allergies)

HAS SHE EVER BEEN BULLIED? _____

FAMILY DOCTOR: _____ PHONE: _____

MEDICAL CARD: YES NO

SISTERS IN SCHOOL: _____

NO. OF CHILDREN IN FAMILY: _____

POSITION IN FAMILY: _____

COUNTRY OF BIRTH: _____ (if outside Ireland)

SUBJECTS IN ORDER OF PREFERANCE: _____

P.P.S NO.: _____

My daughter _____ will come home for lunch: YES NO

I have read the school rules for Scoil Mhuire and agree that my daughter _____ should be bound by them.

SIGNED: _____ PARENT/GUARDIAN DATE: _____