

SCOIL MHUIRE TULLAMORE

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Website: www.scoilmhuretullamore.ie

Roll No: 18057F



OFFICE: Form 2 of 2
Filed:

APPLICATION FOR ENROLMENT

PUPIL DETAILS:

Name of Pupil (as per Birth Cert): _____

Home Address: _____

Eircode: _____

Date of Birth: _____ (Original Birth Cert to be attached)

Gender: Male _____ Female _____ PPS No: _____

Country of Birth: Ireland _____ Other (please specify): _____

First language spoken at home: _____

ETHNICITY as required by POD (National Primary Online Database):

To which ethnic or cultural background group does your child belong (please tick one)

White Irish _____ Irish Traveller _____ Roma _____

Any other White background _____ Black or Black Irish - African _____

Black or Black Irish - Any other Black background _____

Asian or Asian Irish - Chinese _____ Asian or Asian Irish - Any other Asian background _____

Other (including mixed race background) _____

What is your child's Religion? _____

General Consent for POD (National Primary Online Database) - please circle Yes or No

Do you give permission for the upload of Religion to POD? Yes/No

Do you give permission for upload of Ethnicity to POD? Yes/No

FAMILY DETAILS:

Parent 1

Name: _____

Mobile No: _____

Home No: _____ Work No: _____

Email address: _____

Home address: _____
(if different from above)

Country of birth Parent 1: _____

Parent 2

Name: _____

Mobile No: _____

Home No: _____ Work No: _____

Email address: _____

Home address: _____
(if different from above)

Country of birth Parent 2: _____

Mobile Number

Does your child have any brother or sister attending this school? Yes/No _____

If 'Yes' what is their name(s): _____

Are there any Family Law matters that the school should be aware of? Yes/No _____

(If 'Yes' please give details: _____

Every effort will be made to contact you in the case of emergency of illness. However should you be unavailable, please nominate a relative, neighbour or friend available during school hours.

EMERGENCY CONTACTS (Please state relationship to child eg. Aunt, Nanny, Uncle, Friend):

Name 1: _____ Name 2: _____
Mobile No: _____ Mobile No: _____

EDUCATIONAL DETAILS:

Class Level (to be enrolled at this school): _____
Name of previous school / Pre-school: _____ Class: _____
Contact Name: _____ Phone No: _____
Has your child any specific educational needs? Yes / No If Yes, please give details _____

Has your child ever been referred to any of the following?
Psychology / Speech & Language / Occupational Therapy / Early Intervention / Other ? If Yes, please give details.

Has your child ever suffered from allergies / epilepsy / asthma ? Yes / No _____
Is your child toilet trained? Yes / No _____

SCHOOL POLICIES:

It is necessary for the school to have policies / procedures in place in order to provide for quality of learning and safety of everyone. As per section 23-4 of the Education Welfare Act 2000, we refer you to our school code of conduct on our website www.scoilmhuretullamore.ie

I / We, the undersigned, agree to comply with the all school policies, including the Code of Behaviour. Please refer to our website www.scoilmhuretullamore.ie

Signed Parent 1: _____ Date: _____
Signed Parent 2: _____ Date: _____

**I / We, the undersigned declare that the information recorded in this document is true and accurate in all respects.
I / We, understand that, I / We are responsible for the accuracy of the information.**

Signed Parent 1: _____ Date: _____
Signed Parent 2: _____ Date: _____