



Year of entry: _____

Class: _____

Enrolment Application Form

Pupil's First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____

Religion _____ PPS No. _____

Mother's Maiden Name _____ Pupil's Nationality: _____

Previous schools attended (if applicable) _____

Class student was enrolled in (if applicable) _____

Address (at which the applicant resides): _____

_____ Eircode: _____

Does your child have any special educational needs? Yes No

Name and class of Sibling(s) currently enrolled: _____

Parish in which the applicant resides _____

Parent(s)/Guardian(s) Details:

Name: _____ Parent Custodian Legal Guardian

Address: _____

Home Tel. _____ Mobile _____ Email. _____

Name: _____ Parent Custodian Legal Guardian

Address: _____

Home Tel. _____ Mobile _____ Email. _____

Parent/Guardian Signature: _____ Parent/Guardian Signature: _____



Medical Condition and Administration of Medicines

Child's Name: _____

Address: _____

Date of Birth: _____

Emergency Contacts

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

3) Name: _____ Phone: _____

4) Name: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Medical Condition: _____

Prescription Details:

Storage details: _____



Dosage required:

Is the child to be responsible for taking the prescription him/herself?

What Action is required

I/We request that the Board of Management authorise the taking of Prescription Medicine during the school day as it is absolutely necessary for the continued well being of my/our child. I/We understand that the school has no facilities for the safe storage of prescription medicines and that the prescribed amounts be brought in daily. I/We understand that we must inform the school/Teacher of any changes of medicine/dose in writing and that we must inform the Teacher each year of the prescription/medical condition. I/We understand that no school personnel have any medical training and we indemnify the Board from any liability that may arise from the administration of the medication.

Signed _____ Parent/Guardian

_____ Parent/Guardian

Date _____



Allergy Details

Type of Allergy: _____

Reaction Level: _____

Medication: _____

Storage details: _____

Dosage required: _____

Administration Procedure (When, Why, How)

Signed: _____

Date: _____