

St. Mary's National School
Orilia Terrace
Cobh,
Co. Cork

T: 021 4812038
E: office@stmarysncobh.com
W: www.stmarysncobh.com

Roll No: 16377N



APPLICATION FOR ENROLMENT

Please return the completed form accompanied by your child's Original Birth Certificate and any relevant reports to the school, which will be copied and returned to you.

Child's Name:	Date of Birth:
Home Address:	Name & address of GP:
Eircode:	Phone Number:
PPS Number:	Nationality:
Is English your child's first language? Yes <input type="checkbox"/> No <input type="checkbox"/> (if no please list language spoken at home).	Religion:
Siblings in the school: Yes <input type="checkbox"/> No <input type="checkbox"/> Name of sibling(s):	Child's Previous Primary School (if applicable)
Does any Legal Order under Family Law exist that the school should know about. Yes <input type="checkbox"/> No <input type="checkbox"/> (Please provide the school with a copy of the legal order).	Child's Pre-School (if applicable):

General Information on Parent(s)/Guardian(s)

Name of Parent/Guardian 1: Mother's Birth Surname (if different):	Name of Parent/Guardian 2:
Address (if different from child's):	Address (if different from child's):
Mobile No:	Mobile No:
Email Address:	Email Address:

Emergency Contact Details (other than Parents)

Name of contact person 1:	Name of contact person 2:
Relationship to Child:	Relationship to Child:
Address:	Address:
Mobile No:	Mobile No:

In the event of an emergency, parents/guardians will be contacted by phone.
If immediate contact is not made, the teacher will assume the right to authorise emergency treatment. Please tick ☐

Has your child ever been referred to/attended the following services? If yes please give details of service along with copies of any reports or referrals received

Speech and Language : Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupational Therapy : Yes <input type="checkbox"/> No <input type="checkbox"/>
Paediatric Services : Yes <input type="checkbox"/> No <input type="checkbox"/>
Other :
Please give details of any health condition e.g. Physical/Emotional/Behavioural /Allergies which may affect your child in school.

Declaration:

I/We being the Parent(s)/Guardian(s) of the applicant do hereby confirm that the above information is true and accurate and I/We consent to its use as described.

A full copy of the school's Code of Behaviour and Policies are available for viewing in reception and on the Schools Website. I and my child/children agree to abide by the school's code of Behaviour.

Signed: _____

Date: _____