

# Bunscoil Mhuire, O'Brien's Place, Youghal, Co. Cork

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## Enrolment Form

### Office Use Only

Start Date: \_\_\_\_\_ Teacher: \_\_\_\_\_ **Relevant Documents Supplied:**  
Class: \_\_\_\_\_ Reg. No: \_\_\_\_\_ Yes  No

### Child's Details:

Name(as per Birth Cert): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Gender: M  F  Nationality: \_\_\_\_\_  
PPS Number: \_\_\_\_\_ Religion: \_\_\_\_\_  
Address: \_\_\_\_\_ Date/Place of Baptism(if applicable): \_\_\_\_\_  
Name of person(s) with whom the child resides:  
1 \_\_\_\_\_ 2 \_\_\_\_\_

### Family Details:

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Maiden Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Ph. No: Home: \_\_\_\_\_ Ph. No: Home: \_\_\_\_\_  
Work: \_\_\_\_\_ Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_  
Medical Card: \_\_\_\_\_ Medical Card: \_\_\_\_\_  
Does your child have siblings attending this school? Yes  No   
Names of siblings: \_\_\_\_\_  
Does any legal order under family law exist that the school should know of? Yes  No

(If yes please furnish details to the school office)

## Educational Details:

Name of Pre-school(if any): \_\_\_\_\_

Name of teacher: \_\_\_\_\_

Phone No: \_\_\_\_\_

Does your child have any specific learning difficulties? Yes  No

Do you have any educational concerns about your child? Yes  No

Does your child have any educational assessment &/or other reports? Yes  No

If you have answered Yes to any of the above please give details:

Name of 2 friends you would like your child to be placed with:

1 \_\_\_\_\_ 2 \_\_\_\_\_

## Medical Details:

Family Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Does your child have a medical card?: Yes  No

Medical Card No.: \_\_\_\_\_

Does your child suffer from any medical conditions, disabilities &/or allergies?:

Yes  No  If Yes please give details: \_\_\_\_\_

## Other Contacts:

(Nominated persons to collect your child &/or to be contacted should parents not be available)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

## Checklist

1. Passport Photos(2)

2. Original Birth Cert

3. Baptisimal Cert

4. Relevant Reports

(Please note this is only required if baptised outside of Youghal)