

Application For Enrolment 2019

Telephone : Office and Junior Building 051-885361
Senior Building 051-885399

e-mail: info@stsenansns.ie



Child's Name

Date of Birth PPSN

Religion (please supply baptismal certificate if baptised outside the parish)

Playschool Attended (if any)

Previous School Attended (if any) Class

(Please enclose an up to date report from the previous school)

Parent/Guardian Details	Parent/Guardian Details
Name	Name
Address	Address
Occupation	Occupation
Home Tel	Home Tel
Work Tel	Work Tel
Mobile	Mobile

Email address to be used for school communication

Other telephone numbers in case of an emergency (e.g. child minder, friend, relative etc.)	Name/Relationship	Phone Number

Known medical conditions (e.g. asthma, diabetes, epilepsy, allergies, coeliac, eyesight or hearing difficulties, etc). Please supply relevant details:

.....

.....

If there is any other information about your child's domestic circumstances which may be relevant to his/her teacher/school, please include it in the space below.

.....

.....

**The information on this page will be treated with confidentiality and respect.
Please inform the school immediately should any of the above change.**

I/we agree to abide by the school's rules and policies should the application for the enrolment of my/our child be approved by the Board of Management. I/we give permission for photographs of my/our child and samples my/our child's work to be used on the school website. I/we also give permission for the Principal/Deputy to act on my/our behalf in the unlikely event that my/our child is in need of medical attention and we cannot be contacted at the above numbers.

Signature 1 Date

Signature 2 Date

Completed forms, along with a copy of the child's Birth Certificate and Baptismal Certificate (if baptised outside the parish) to be returned to the school by Thursday 31st January 2019.