



School Stamp

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Received By: \_\_\_\_\_

## Application to Enrol Form 2019/2020

**Family Details** (Required for school enrolment and parental contact purposes and to ensure that the applicant meets St. Mary's Secondary School's admissions criteria)

|  |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|
| <b>1. Child's First Name:</b>  | <b>2. Child's Last Name:</b> (Please only use double-barrel surnames if used.)  |   |   |   |   |   |   |   |   |   |   |
| <b>3. Male/Female: Please tick one.</b><br>Male <input type="checkbox"/> Female <input type="checkbox"/> | <b>4. Date of Birth</b><br><table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>D</td><td>D</td><td>—</td><td>M</td><td>M</td><td>—</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>   | D | D | — | M | M | — | Y | Y | Y | Y |
| D  | D   | — | M | M | — | Y | Y | Y | Y |   |   |
| <b>5. Country of Birth:</b>  | <b>6. Child's PPS No.</b><br><table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |
| <b>7. Home Address:</b><br>_____<br>_____<br>_____   | <b>8. Medical Card</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |   |   |   |   |   |   |   |   |   |

**A parent must be contactable at all times during school hours**

| <b>Contact Details: Person 1 (Main Contact)</b><br>(This number is used for texting purposes unless other preference stated) | <b>Contact Details: Person 2</b>   |
|--|--|
| <b>First Name:</b>   | <b>First Name:</b>   |
| <b>Last Name:</b>  | <b>Last Name:</b>  |
| <b>Relationship to Child:</b>  | <b>Relationship to Child:</b>  |
| <b>Phone No. (Mobile):</b>   | <b>Phone No. (Mobile):</b>   |
| <b>Phone No. (Home/Work):</b>  | <b>Phone No. (Home/Work):</b>  |
| <b>Email:</b>  | <b>Emergency Name &amp; Number if Person 1 &amp; 2 can't be reached:</b><br>Name: _____ No.: _____ |
| <b>Mother's Maiden Name (Surname):</b>   | <b>Relationship to child:</b>  |

**Family Details (continued):**

Does the student have any brothers or sisters in this school this year?

Yes

No

If yes please indicate names and the year they are currently in

Name \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_ Year \_\_\_\_\_

**Primary School Details** (Note: We may contact the school in connection with your child's enrolment)

Name of Primary School \_\_\_\_\_

Other Primary School attended and dates (if relevant) \_\_\_\_\_

Secondary School Attended if transferring \_\_\_\_\_

**Consent**

I/we give consent to my child's primary school releasing relevant information for his/her transition to post-primary school.

Signed \_\_\_\_\_  
(Parent/Guardian)

Signed \_\_\_\_\_  
(Parent/Guardian)

Date \_\_\_\_\_

Date \_\_\_\_\_

Please note that all parts of this form must be completed.

Please return form before Monday October 29<sup>th</sup> 2018 to the school office or post to Elaine Mullaniff, St. Mary's Secondary School, Edenderry, Co. Offaly. R45 TY36

Completion of this form does not guarantee the student's enrolment in St. Mary's Secondary School.

Note: see website for School Privacy Policy