



Scoil Mhuire, Our Lady's Island  
Broadway,  
Co. Wexford.  
Y35 DE42

## Application for Enrolment

Child's Details			
First Name:		Address:	
Surname:			
Date of Birth:			
Gender:			
Child's PPSN:		Eircode:	
Nationality:			
Child's First Language:		Religion:	
Was your child Baptised in Our Lady's Island/Tacumshane?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of previous school/playschool			

Parents/Guardians			
Who has legal custody of child?	Both <input type="checkbox"/>	One Parent/Guardian <input type="checkbox"/>	
Parent/Guardian 1:		Parent/Guardian 2:	
Name:		Name:	
Address: (If different to child)		Address: (If different to child)	
Email:		Email:	
Relationship to child:		Relationship to child:	
Nationality:		Nationality:	
First Language:		First Language:	
Home Number:		Home Number:	
Mobile Number:		Mobile Number:	
Work Number:		Work Number:	
Other Emergency Contact	Name:	Number:	
Nominated Mobile Number for 'Text Service'			
Does any Legal Order under Family Law exist that the school should know about?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical Details			
GP's Name:		GP's Number:	
Allergies/Medical Conditions:			
Has your child attended any of the following services?			
Speech & Language Therapy:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Physiotherapist:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Occupational Therapy:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Psychological Service:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Parent's Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_