



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

## Application for Enrolment

Details of Child				
First Name:		Address:		
Surname:				
Date of Birth:				
Gender:				
PPSN:				
Nationality:				
First Language:		Eircode:		
Religion:				
Was your child baptised in Our Lady's Island/Tacumshane?		Yes		No
Name of previous school/playschool				
Do you agree to Scoil Mhuire, Our Lady's Island liaising with your child's previous school/playschool to seek educational records/information?		Yes		No
I have attached a copy of my child's birth certificate to this enrolment form.		Yes		No

Details of Parents/Guardians				
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 Contacts:	Name:		Number:	
Other Emergency Contacts:	Name:		Number:	
Nominated Mobile Numbers for 'Aladdin':				
Who has legal custody of the child?	Both	One Parent/Guardian (please specify)		
Does any Legal Order under Family Law exist that the school should know about? (The school may request a copy of the relevant section of the order)			Yes	No

Medical Details					
GP's Name:					
GP's Number:					
Allergies/Medical Conditions/Needs:					
Has your child attended any of the following services?					
Speech & Language Therapy:	Yes		No		Details:
Physiotherapist:	Yes		No		Details:
Occupational Therapy:	Yes		No		Details:
Psychological Service:	Yes		No		Details:
Please supply the school with copies of any relevant reports.					

In signing this application for enrolment, I agree to support the Board of Management and staff in their implementation of school policies.

I am aware that school policies are available on request from the office or from the school website [www.ourladysislandns.com](http://www.ourladysislandns.com).

I acknowledge that I have read and accept the Code of Behavior and Anti Bullying Policy and will work in cooperation with the staff to abide by same.

I agree to support and cooperate with the staff in their effort to provide a positive learning experience for all children in the school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chairperson: *Joan Walsh*

Phone: 053-9131113

Email: [ourladysislandns@gmail.com](mailto:ourladysislandns@gmail.com)

Principal: *Eimear Druhan*

Website: [www.ourladysislandns.ie](http://www.ourladysislandns.ie)