



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 | <input type="checkbox"/> | No | <input type="checkbox"/> | Details: | |
| | | | | | | |
| Physiotherapist: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Details: | |
| | | | | | | |
| Occupational Therapy: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Details: | |
| | | | | | | |
| Psychological Service: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | 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.

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

Acting Principal: *Mary Donnellan*

Website: www.ourladysislandns.ie