

**Clondrohid N.S.
Clondrohid
Macroom
026-42580**

Enrolment Application Form 2020

Name of Child: _____

Date of Birth: _____

PPSN: _____

Postal Address: _____

Eircode: _____

Home Telephone No: _____

Number of Children in Family: _____

Place in Family: _____

Religion: _____

Date of Baptism: _____

(If applicable)

Mother's Name: _____ Occupation: _____

Place of Work: _____ Work Tel Number: _____

Mobile Tel Number (Mother): _____

Email: _____

Father's Name: _____ Occupation: _____

Place of Work: _____ Work Tel Number: _____

Mobile Tel Number (Father): _____

Previous Education

Has your child previously attended a pre-school ? (Please Tick) Yes _____ No _____
Name of School: _____ Address: _____
Has your child previously attended a primary school ? (Please Tick) Yes _____ No _____
Name of School: _____ Address: _____

In case of emergency, please include name, address and telephone number of two people (other than the child's parents) who may be contacted.

1. _____
2. _____

Name of Family Doctor: _____
Address of Doctor: _____
Telephone Number: _____

Does your child suffer from an allergy or medical condition of which the school should be aware? _____
Has your child experienced speech difficulties? _____
Has your child experienced hearing difficulties? _____

Please attach to this enrolment form, a copy of your child's birth certificate.

Parent /Guardian Signature: _____ Date: _____

School should be informed of any changes to the information contained in this enrolment form.