

**Clondrohid N.S.  
Clondrohid  
Macroom  
026-61800**

***Enrolment Application Form 2021***

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PPSN: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

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 <b>pre-school</b> ? (Please Tick) Yes _____ No _____
Name of School: _____ Address: _____
Has your child previously attended a <b>primary school</b> ? (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.**