

APPLICATION FOR ENROLMENT TO

Fossa National School, Killarney 064-6634863

Christian Name: _____
(First Name)

Surname: _____

Preferred Name in Irish: _____ (Otherwise School will translate)

Date of Birth: _____ (Birth Cert. must be supplied)

Religious Denomination: _____

Baptismal Cert must be supplied where appropriate.

Please tick if Baptised in Fossa Church

(no Cert. needed from Fossa Church, Cert. must be supplied if baptised outside Fossa)

Address: _____

Pupil's P.P.S. Number: _____

Place in Family: _____

Nationality of Child: _____

Nationality of Parents: _____

Father's Name: _____

Mother's Name: _____

Address (if different from pupil's)

Address (if different from pupil's)

Occupation: _____

Occupation: _____

Tel. Nos. Home: _____

Tel. Nos. Home: _____

Work: _____

Work: _____

Mobile: _____

Mobile: _____

Is child eligible for school transport? YES NO

Main requirements for eligibility: Candidate must be (i) on bus route (ii) over two miles from school if aged 4 years to 10 years (iii) over 3 miles from school if aged 10 years or over.

Further information from transport Liaison Officer 066 7164750.

For Office Use Only:

Date of Enrolment: _____

Baptism Cert

Birth Cert

Registration Number: _____

Code of Behaviour 1

P.T.O.

Is your child living with? (Tick appropriate)

Both Parents

One Parent

Grandparents

Carers

Shared Custody

Who are the Legal Guardians of your child? _____

Is there any Court Order in place which may affect our care of your child? Yes No

If yes, a copy of same must be provided to the Principal.

If you have shared custody, what are the child's living arrangements? _____

MEDICAL

Name of family doctor _____

Do you have a medical card YES NO

Any childhood illnesses? _____

Any medical problems: _____

Is your child on any medication? _____

Is there a problem with: Hearing: _____ Sight: _____

Does your child have speech and language difficulties? _____

Is your child being seen by any Agency if so by whom? _____

(If there are any reports available pertaining to the child's health, speech, hearing, or developmental progress, of which the school should be made aware, please contact the class teacher.)

EDUCATIONAL

Previous School: _____

Address: _____

Class: _____

For pupils transferring from another mainstream school, additional form is required.

Internet Explorer only