St. Mary's National School,

Bishop Street, Limerick

Phone: 061 419264 **Email:**info@stmarysns.com

ENROLMENT APPLICATION FORM 2023/2024

Pupil's Name: _____(in full, as on Birth Certificate)

Date of Birth: _____ Gender: _____

P.P.S. No. _____

Nationality: _____ Country of Birth: _____

If not born in Ireland, date on which child arrived in Ireland: _____

Address: (at which the applicant resides) _____

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Names of brothers/sisters in this school: _____

Parent(s) Guardian(s) Details:

Mother's Name: _____ Mobile No. _____

Father's Name: _____ Mobile No: _____

Guardian's Name:_____ Mobile No: _____

Who to contact if child is ill in school:_____

Contact No.: _____

Name of Family Doctor:_____ Phone No. _____

Do you give permission to take the child straight to hospital in case of serious illness or accident? _____

Does any legal order under family law exist that the school should know about?

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Religion: _____ Has your child been Baptised? _____

Has you child received First Communion? _____

Preschool attended: _____ When? _____

Other schools attended: _____

Class: _____ (if transferring from another school)

Has your child ever had a psychological assessment? _____

Has your child ever received a speech and language report? _____

Does your child have any specific medical condition (e.g. asthma, eyesight,hearing etc., or emotional problems which may affect you child at school?_____

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Parent/Guardian Signature: _____ Date: _____

Please ensure that you have included a Birth Certificate and Baptismal Certificate (if your child was Baptised) with this form. These documents will be photocopied and returned to you.

Principal's signature: _____

Date: _____

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