

Closing Date: Thursday 11th October, 2018 @ 4.00 pm.



Note: The information provided on this form is confidential and will be retained, used and disclosed by Carrigaline Community School in line with our Data Protection Policy. If a place is offered to the potential applicant named overleaf, further information will be requested in line with General Data Protection requirements.



ENROLMENT APPLICATION FORM

SEPTEMBER 2019

Closing Date: Thursday 11th October, 2018 @ 4.00 pm.

Late Applications will not be accepted

Please complete in BLOCK CAPITALS

Full Name *Student PPS No.*
Address (including Eircode)
Home Telephone *Mobile Phone* *E-mail Address:*
Date of Birth..... *Religion*..... *Nationality:**County of Birth (If Irish)*
Name of Primary/Secondary School last attended*Tel. No.*
Will your son/daughter have completed a full course of Primary Education by 31st July, 2019? Yes No

<i>Full Name(s) of children presently attending Carrigaline Community School</i>				
	<i>Full Name</i>	<i>Date of Birth</i>	<i>Year Group</i>	<i>Class</i>
1.				
2.				

<i>Details of Parents / Guardians</i>			
	<i>Name</i>	<i>Mobile Phone No.</i>	<i>Work Telephone No.</i>
<i>Name of Father</i>			
<i>Name of Mother</i>			
<i>Mother's Maiden Name</i>			
<i>Information about family unit (e.g. if parent is deceased) which you consider should be made known to the school authorities:</i>			
.....			

MEDICAL HISTORY

Name of Family Doctor *Doctor's Tel. No.*
Please provide any relevant information
Does your family have a current Medical Card? Yes No

I certify that the above information is correct.

Signature
Parent / Guardian

.....
Parent / Guardian

Date

FOR OFFICE USE ONLY			
<i>Amount Received</i>		<i>Receipt No.</i>	
<i>Cash / Cheque</i>		<i>Birth Certificate</i>	
<i>Passport Photos</i>		<i>Approved By</i>	