



Scoil Phobail Charraig Uí Leighin

Carrigaline Community School

ENROLMENT APPLICATION FORM **September 2020**

Closing Date: 10th October, 2019 @ 4.00 pm.

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, 2020? Yes No

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

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

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 **Date**
Parent / Guardian **Parent / Guardian**

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

Principal: Mr. Paul Burke Deputy Principals: Ms. Sinéad Tarrant; Ms. Tracey Kennedy; Ms. Lorraine Collins



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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.

Principal: Mr. Paul Burke Deputy Principals: Ms. Sinéad Tarrant; Ms. Tracey Kennedy; Ms. Lorraine Collins

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