

APPLICATION FOR ENROLMENT TO  
Fossa National School, Killarney 064-6634863

**Christian Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ (*Birth Cert. must be supplied*). **Male/Female** \_\_\_\_\_

**Religious Denomination:** \_\_\_\_\_ **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:** \_\_\_\_\_ **Language spoken at home:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_

**Mothers Maiden Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(*If different from pupil's*)

**Address:** \_\_\_\_\_  
(*If different from pupil's*)

**Fathers Email:** \_\_\_\_\_ **Mother's Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Tel. No. Home:** \_\_\_\_\_  
**Work:** \_\_\_\_\_  
**Mobile:** \_\_\_\_\_

**Tel. No. Home:** \_\_\_\_\_  
**Work:** \_\_\_\_\_  
**Mobile:** \_\_\_\_\_

Do you consent to uploading data relating to Religion to POD? Yes No  
To which ethnic or cultural background group does your child belong: (Please circle)

White Irish      Irish Traveller      Roma      Any other White Background  
Black or Black Irish –African      Black or Black Irish – Any other Black Background  
Asian or Asian Irish-Chinese      Asian or Asian Irish – Any other Asian Background  
Other (incl. mixed background)      no consent

Do you consent to uploading to ethnicity to POD: Yes  No

All the above information is required for Primary Online Database (POD)

**P.T.O.**

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)

**Is your child living with?** (Circle 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: \_\_\_\_\_    Vision: \_\_\_\_\_    Speech: \_\_\_\_\_

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.)

I agree to co-operate with the staff and support the ethos of the school.

**Signature:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use:**  
**Date of Enrolment:** \_\_\_\_\_

**Birth Cert received**   
**Baptismal Cert received**

**Registration No:** \_\_\_\_\_