

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: _____