

SCHOOL NAME: ST MARY'S NATIONAL SCHOOL**ADDRESS: VIRGINIA**

Roll Number: 16083T

Phone Num: 049-8547035

Email: info@virginians.ie

PUPIL INFORMATION

First Name:

Surname:

Class 2016/17

Birth Cert Name:

Date of birth:

PPSN:

Gender:

Religion:

Parish:

Name of siblings attending N.S.

Baptised: (Yes / No)

Date Baptised:

Location Baptised:

County:

Nationality:

Exempt from Irish: (Yes / No)

Ethnic or Cultural Background:

Select from one of the following: *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*

FAMILY DETAILS**Fathers First Name:****Fathers Surname:****Key Contact (Yes / No)**

Fathers Address:

Mobile Phone:

Work Phone:

Home Phone:

Email:

Occupation:

PPSN:

Nationality:

Religion:

Comments

Mothers First Name:**Mothers Surname:****Key Contact (Yes / No)**

Mothers Address:

Mobile Phone:

Work Phone:

Home Phone:

Email:

Occupation:

PPSN:

Nationality:

Religion:

Comments

Contact First Name:**Contact Surname:****Key Contact (Yes / No)**

Contact Address:

Mobile Phone:

Work Phone:

Home Phone:

APPLICATION DETAILS

Date of Application:

Date Registered:

Date Started:

MEDICAL INFORMATION

Doctor Name:

Doctor Phone

Medical History / Conditions:

PREVIOUS EDUCATION

School:

Address:

AUTHORISATIONS

Do you give permission for your son/daughter to undertake standardized tests?

Yes

No

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

Yes

No

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

Yes

No

SIGNATURES

Signature of Parent / Guardian:

Date:

Signature of 2nd Parent Guardian:

Date:

Please attach a copy of your son/daughter's Birth Certificate