



# Bunscoil Mhuire, O'Brien's Place, Youghal, Co. Cork

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## Enrolment Form

### Office Use Only

Start Date: \_\_\_\_\_ Teacher: \_\_\_\_\_ Relevant Documents Supplied:  
Class: \_\_\_\_\_ Reg. No: \_\_\_\_\_ Yes  No

### Child's Details:

Name(as per Birth Cert): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Gender: M  F

Nationality: \_\_\_\_\_

PPS Number: \_\_\_\_\_

Religion: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date/Place of Baptism(if applicable): \_\_\_\_\_

Name of person(s) with whom the child resides:

1 \_\_\_\_\_ 2 \_\_\_\_\_

### Family Details:

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Maiden Name: \_\_\_\_\_

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

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

Ph. No: Home: \_\_\_\_\_

Ph. No: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Mobile: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Medical Card: \_\_\_\_\_

Medical Card: \_\_\_\_\_

Does your child have siblings attending this school?

Yes  No

Names of siblings: \_\_\_\_\_

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

Yes  No

(If yes please furnish details to the school office)

## Educational Details:

Name of Pre-school/previous school: \_\_\_\_\_

Name of teacher: \_\_\_\_\_

Phone No: \_\_\_\_\_

Does your child have any specific learning difficulties? Yes  No

Do you have any educational concerns about your child? Yes  No

Does your child have any educational assessment &/or other reports? Yes  No

If you have answered Yes to any of the above please give details:

Permission to contact/liaise with previous school/teacher? Yes  No

Name of 2 friends you would like your child to be placed with:

1 \_\_\_\_\_ 2 \_\_\_\_\_

## Medical Details:

Family Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Does your child have a medical card?: Yes  No

Medical Card No.: \_\_\_\_\_

Does your child suffer from any medical conditions, disabilities &/or allergies?:

Yes  No  If Yes please give details: \_\_\_\_\_

## Other Contacts:

(Nominated persons to collect your child &/or to be contacted should parents not be available)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

## Checklist

1. Passport Photos(2)

2. Original Birth Cert

3. Baptismal Cert

4. Relevant Reports

(Please note that Baptismal Cert only required if baptised outside of Youghal and you wish your child to receive First Communion & Confirmation in the future)