



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

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## Enrolment Form

### Office Use Only

Start Date: _____	Teacher: _____	<b>Relevant Documents Supplied:</b>
Class: _____	Reg. No: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Child's Details:

Name(as per Birth Cert): _____	
Date of Birth: _____	Country of Birth: _____
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>
Names of siblings: _____	
Does any legal order under family law exist that the school should know of?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(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/liase 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. Baptisimal Cert

4. Relevant Reports

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