

St. Joseph's Secondary School, Foxford, County Mayo

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ENROLMENT FORM FOR NEW ENTRANTS (FIRST YEARS) (Please complete in BLOCK CAPITALS)

Surname: _____ Christian Names: _____

Address: _____

Date of Birth: _____ Home Telephone No.: _____
(attach Birth Cert)

Religion: _____
Do you wish your son/daughter to participate at religious ceremonies if not Roman Catholic? Yes _____ No _____

Student's PPSN: _____ Nationality: _____
(Issued to Parents by Dept. of Family/Social Affairs Tel: 01 – 7043000)

Previous School attended: _____

Contact E-mail Address: _____

Father's Name: _____ Mobile No.: _____ Work No.: _____

Mother's Maiden Name: _____ Mobile No.: _____ Work No.: _____

Father's Occupation: _____ Mother's Occupation: _____

Emergency telephone number in the event Parents not available: _____

Relationship to child: _____ Can this person assist with care of your child? Yes _____ No _____

Number of children in family _____ Position in family _____

Names of Brothers/Sisters in St. Joseph's _____

Health: _____
(Please state if student has learning/eyesight problems/asthma etc)

Family G.P. _____ Contact No.: _____

Details of any disabilities or Special Education Needs _____
(Please supply reports)

Medical Card No.: _____ (if applicable) Valid Date: _____
(Required by Department of Education)

Any other Information: _____

Note:

St. Joseph's Secondary School has an Admissions Policy, copies of which are available from the Principal. Enrolment in St. Joseph's implies acceptance of the Code of Behaviour and other school policies. Please note the information provided above is subject to Data Protection legislation and is made available as required to the Department of Education and Science and other Government agencies, subject to Freedom of Information legislation.

Signed: _____ (Parent/Guardian) Date: _____