

Scoil Mhuire Community School, Clane, Naas, Co. Kildare

Tel: (045) 868121

APPLICATION FORM

2nd Year

Transition Year

6th Year

3rd Year

5th Year

STUDENT DETAILS

Surname (Students Name - Block Capitals) _____

First Name: (Which will appear on school records) _____

Address: _____

PPSN: _____

Important: This number must be submitted on this form

Date of Birth: _____

Gender:

Male

Female

Nationality: _____

PARENTS DETAILS

Mother's Maiden Name: _____

Number of Years in Ireland: _____

Parents Contact Phone Numbers:

Father

Mother

EDUCATIONAL HISTORY

Name of School previously attended: _____

School Roll No: _____

Reason for Change: _____

Optional Subjects:

Language:

Resource / Learning Support

1 _____

Yes

No

2 _____

3 _____

Do you have other students in Scoil Mhuire past or present?

If yes please give names _____

MEDICAL HISTORY

Does your son/daughter have a Medical Card?

Yes

No

If yes Medical Card Number _____

Does your son/daughter have any illness that we should be aware of? _____

Family Doctor _____

Note: All pupils must attend Physical Education classes and may only be excused on presentation of a Doctor's Certificate.

Telephone Number _____

Information about family unit (e.g. if parent is deceased) which you might consider should be known to the school management.

I certify that the above information is correct.

Signed:

Mother / Guardian

Mother / Guardian (Print Name)

Father/ Guardian

Father/ Guardian (Print Name)

Date: _____

Application Form must be accompanied by the following:

1. Reference from previous school.
2. Copy of recent results .
3. Birth Certificate
4. Proof of Address.
5. Registration Fee