



ENROLMENT FORM 2024/2025

Home Address: Date of Birth: PPS No:	Surname: First Name/s:		
Gender: Male	Home Address:		
Gender: Male Female Religion:	Date of Birth:	PPS	No:
Class child will enter: Junior Infants ASD Class Other class (please specify) FAMILY DETAILS Parents/Guardians 1. Name: Address: Tel: Day:Evening:Mobile: 2. Name: Address: Tel: Day:Evening:Mobile: Email Address: Tel: Day:Evening:Mobile: Email Address: Family GP:Tel: Number of Children in Family:			
ASD Class Other class (please specify) FAMILY DETAILS Parents/Guardians 1. Name: Address: Tel: Day: Evening: Mobile: 2. Name: Address: Address: Tel: Day: Evening: Mobile: Email Address: Tel: Day: Evening: Mobile: Email Address: Family GP: Tel:			0
Other class (please specify)	·		
FAMILY DETAILS Parents/Guardians 1. Name: Address: Tel: Day:			
Parents/Guardians 1. Name: Address: Tel: Day: Evening: Mobile: 2. Name: Address: Tel: Day: Evening: Mobile: Tel: Day: Tel: Day: Tel: Day: Evening: Tel: Day: Tel: Day: Tel: Number of Children in Family:			
Address:			
Tel: Day: Evening: Mobile: 2. Name: Address: Evening: Mobile: Tel: Day: Evening: Mobile: Email Address: Tel: Number of Children in Family:	•		
2. Name:	1. Name:		
Address:	1. Name:		
Tel: Day: Evening: Mobile: Email Address: Tel: Number of Children in Family:	1. Name: Address: Tel: Day:	Evening:	Mobile:
Email Address: Family GP: Tel: Number of Children in Family:	1. Name: Address: Tel: Day: 2. Name:	Evening:	Mobile:
Family GP: Tel: Number of Children in Family:	1. Name: Address: Tel: Day: 2. Name: Address:	Evening:	Mobile:
Number of Children in Family:	 Name:	Evening:Evening:	Mobile: Mobile:
	 Name:	Evening:Evening:	Mobile: Mobile:
Child's Position in Family:	 Name:	Evening:Evening:	Mobile: Mobile: Tel:
Cibling /s Almondry in Cabool, Names	 Name:	Evening:Evening:	Mobile: Mobile:Mobile:
Sibling/s Already in School: Name: Class: Class:	1. Name: Address: Tel: Day: 2. Name: Address: Tel: Day: <u>Email Address</u> : Family GP: Number of Children in Family Child's Position in Family	Evening: Evening: amily:	Mobile: Mobile: Tel:

OTHER INFORMATION Previous School/s Attended (if any): School Name: ____ Dates Attended: From: To: _____ School Name: Dates Attended: From: _____ To: _____ Reasons for Transfer: 1. Does the child have any medical conditions which the school should be aware of e.g. Eyesight, Hearing, Speech, allergies, Physical or Developmental Problems, etc. Yes No \Box If yes, please give details: Person to contact in case of emergency (if parent/guardian cannot be contacted): Name: Address: Tel. No/s: Please submit the following with this application: Copy of Child's Birth Certificate Copy of Child's Baptismal Certificate (if applicable) Any relevant educational/psychological reports (if applicable) Signatures of Parents / Guardians: Signature: Date: Signature: Date: