

Enrolment/Application Form
S.N. Iósaif na mBráithre,
Geata an Domhniagh,
Drogheda,
Co. Louth. 2016/2017

Dear Parent/Guardian,

The completion of this form is essential for the enrolment of your son in the above school. It's purpose is

(a) to comply with the provisions of the Education Act
and

(b) to provide for the teacher a greater understanding of the child and his needs and so help to improve the quality of his general education.

A copy of an original birth certificate & P.P.S. No. must accompany this form.

Name of Pupil as on birth cert.: _____

Date of Birth: _____ P.P.S. No. _____

Address: _____

Phone No: _____ Parents living together _____

Father=s Name: _____ Occupation _____

Mother=s Name: _____ Occupation _____

Pupil lives with _____

Religion: _____ Country of origin: _____

Previous School Attended: _____

Does the Pupil suffer from any medical condition _____ If yes please give details _____

Is the pupil taking medication _____ If yes please give details _____

Does the pupil suffer from any allergies _____ If yes please give details _____

During your child's time in our school, there may be occasions when he will participate in various activities (i.e. football teams, quizzes, writing competitions, projects etc.) Please indicate if you are agreeable to the use of his image (picture/video) in any publicity that may follow such an event.

____ Yes ____ No

In the event of your son getting sick or having an accident at school we need a home telephone number, work number or a reliable contact number and address.

Home No. _____ Work No. _____

Contact Name & Address: _____

_____ Phone No. _____

I agree that my son will comply and I will support the school discipline policy.

Signed _____ Date: _____

Parent/Guardian

Room No. the child is in at the moment in St. Patrick's _____

Please fill in and return to St. Joseph's before 23.02.2016.

