

# Enrolment Form

Scoil Náisiúnta Mhuire

Rosscarbery

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St. Mary's Primary School  
Scoil Náisiúnta Mhuire

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Eircode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Child's P.P.S. Number: \_\_\_\_\_  
(attach birth certificate)

Mother/Guardian's Name and Nationality: \_\_\_\_\_

Mothers Maiden Name: \_\_\_\_\_

Father/Guardian's Name and Nationality: \_\_\_\_\_

Child's Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Mother's Work No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Father's Work No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternative contact person if your child is sick and we are unable to contact either parent or guardian:

Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Any illness, allergy or other medical condition we should be aware of:

\_\_\_\_\_

Please note that a letter to the Board of Management is necessary if your child requires medicine in school.