

Carricleck N.S.
Enrolment/Admission Application Form

Pupil Forename _____ Pupil Surname _____
Birth Cert Forename _____ Surname (If different from above) _____
Nationality _____ Gender _____ Date of Birth _____
Full address _____ PPSN _____
Father's name _____ Occupation _____
Mother's name & Maiden surname _____ Occupation _____
Names of Guardians/Foster Parents _____
Telephone: home _____ mobile _____ work _____
Religious denomination _____ Language spoken at home _____
The child's Baptismal certificate (optional) and Birth certificate is required for enrolment and school records.
Details of previous schools attended if any _____
Emergency contact: Name _____ Tel. _____
Family doctor: Name _____ Tel. _____
Medical history: Please list any problems the child may have in relation to health matters,
e.g. allergies, asthma, sight , hearing, speech, fainting, etc.

Food - any special diet / allergies? Yes/No _____ Any medication? Yes/No _____
Any special care/attention needed? Yes/No _____ If the answer is yes to any of the above
questions please give details below;

Persons who may be delegated to collect pupil from school other than parents/guardians.
Name _____ Tel. _____
Name _____ Tel. _____

The school should be made aware of any court order, which affects the child's welfare and also the name of any person into whose custody the child should not be given.

Any pre-school / play school / playgroup / summer camp experience? Yes/No _____
If yes please give details here; _____

Any other relevant information about the pupil's development which you feel may be useful may be given here; _____

Please note that all the information given above is strictly confidential. Some of the information will be stored on the Primary Online Database (POD) used by the Dept of Education.

Signatures of Parents /Guardians _____ Date _____

