

Enrolment Form

Ballycanew N.S
Ballycanew
Gorey
Co. Wexford

School Roll Number 15420G
School Phone Number: 053-9427496
School Fax Number: 054-9482480
School Email: ballycanewns@gmail.com
School website: www.ballycanewns.ie

Surname : as on Birth cert
First Name(s) : as on Birth cert

Num of Children in Family :
Names of Siblings attending N. S.

Full Address :

Contact Details

Date of Birth

Class to be enrolled

Home Phone Number:
Mothers Mobile Number
Phone Number Work Mother :

Male/Female Nationality

*PPS No:

Religion

Class:

Mainstream	<input type="checkbox"/>
ASD Unit	<input type="checkbox"/>

Fathers Mobile Number
Phone Number Work Father

Email address: _____

Mother/Guardian name

Emergency Contact Person	Phone Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Mothers Occupation

Mothers Nationality

Mothers Religion

Father /Guardians Name

Doctors Name & Address Doctors Phone Number

Fathers Nationality:

Fathers Occupation

Fathers Religion

Other/Comments:

Previous Education Address and phone

Was your child baptised ? Yes No Church Name & Address:
If so, date baptised

Do you give permission to take your child straight to hospital in case of serious illness or accident ?
Yes No
Does any legal order under family law exist that the school should know about ?
Yes No

Please provide a copy of Baptismal & Birth Certificate with application.
Please submit any school reports from previous school.

Mother's Signature : _____ . Date : _____ Father's Signature: _____ Date: _____