

Enrolment Form 2018

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

Full Address :
 *Eircode

Date of Birth
 Class to be enrolled

Male/Female Nationality

*PPS No:

Religion

Class:

Mainstream	
ASD Unit	

Mother/Guardian name

Mothers Occupation

Mothers Nationality

Mothers Religion

Father /Guardians Name

Fathers Nationality:

Fathers Occupation

Fathers Religion

Other/Comments:

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

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

Contact Details

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

Fathers Mobile Number
 Phone Number Work Father

Email address:

Emergency Contact Person	Phone Number
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Doctors Name & Address Doctors Phone Number

Medical History / Conditions (if any)

Previous Education Address and phone

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: _____