

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

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 type="text"/>	<input type="text"/>
<input type="text"/>	<input 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   
Yes  No

Does any legal order under family law exist that the school should know about ?

**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: \_\_\_\_\_