

# MONEENROE

## National School



The Glen, Moneenroe, Castlecomer, Co. Kilkenny.  
Tel. 056 4442288 Email: gaz.ias@eircom.net  
www.moneenroens.ie

### APPLICATION FOR ADMISSSION TO SCHOOL.

YEAR: \_\_\_\_\_

PLEASE USE BLOCK CAPITALS.

Pupils Name in full: \_\_\_\_\_ PPS No \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (kindly supply State Birth Certificate)

Home address: \_\_\_\_\_

Names of Parents/Guardians: \_\_\_\_\_  
\_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Phone No's: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency contact - other than home numbers in case of sickness or accident:  
\_\_\_\_\_

Number of children in family: \_\_\_\_\_ Place in family: \_\_\_\_\_

Sisters, brothers, relatives who are or have been in the school: \_\_\_\_\_  
\_\_\_\_\_

Family Religion: \_\_\_\_\_ Nationality: \_\_\_\_\_

Has your child attended playschool? \_\_\_\_\_

Name and address of Playschool: \_\_\_\_\_  
\_\_\_\_\_

**Present Parish:** \_\_\_\_\_ **Date of Baptism:** \_\_\_\_\_

**Place of Baptism:** \_\_\_\_\_

**Please supply Baptismal Certificate.**

**Has the student any illness or injuries, which should be made known to the school?** \_\_\_\_\_

**Name of Family Doctor:** \_\_\_\_\_

**Do you give permission to take the student straight to hospital in case of serious illness or accident?** \_\_\_\_\_

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

**Please supply any other relevant information/reports regarding your child to the School Principal.**

***This applies only to those transferring from another Primary School.***

***Previous school attended:*** \_\_\_\_\_

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

***I have furnished up-to-date School Report \_\_\_\_\_ please tick.***

**Signature of Parents/Guardians:** \_\_\_\_\_

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

**For School use.**

**Date of Entrance:** \_\_\_\_\_ **Class:** \_\_\_\_\_ **Reg. No.** \_\_\_\_\_