



Seoil na Tríonóide Naofa

Doon, Co. Limerick V94 Y6H6

PHOTO

(Recent photo please)

Completed application form to be returned on or before
2.00pm on 23rd November 2018

Surname	_____	First Names (as per Birth Cert)	_____
Address	_____	Known as	_____
	_____	Date of Birth	_____
	_____	PPS No (Child's own)	_____
Postcode	_____	Nationality	_____
Mother's Name	_____	Father's Name	_____
Mother's Maiden Name	_____		
Telephone Nos			
Home Tel No	_____		_____
Email	_____		_____
Mother Mobile	_____	Father Mobile	_____
Mother's Work/Day Time	_____	Father's Work/Day Time	_____
Reports to be addressed to (ie. Mr & Mrs A&A Smith)	_____		
Religion	_____		
Family Doctor Name	_____	Tel No	_____
Does your child have a Medical Card?	Yes / No (circle appropriate answer)		
If your son/daughter suffers from any illness, allergies or medical condition that we should be aware of, please give details:-			

Was he/she ever hospitalised for any operation or illness which may have any long term effects or bearing on his/her personal development?			

For Office Use Only:-			
Birth Cert Included	Yes / No	Date Returned	_____

Please continue overleaf

Telephone: (061) 380378, (061) 380388 Email: info@stm.ie Fax: (061) 380728 Website: www.stm.ie

Ms. Eilis Casey Principal Mr. Roger Corcoran Deputy Principal



Scoil na Tríonóide Naofa

Doon, Co. Limerick V94 Y6H6

ENROLMENT FORM CONTINUED

Primary School Attended _____ Roll No (if known) _____

Secondary School Attended (if relevant) _____ Roll No (if known) _____

Does your child have an official exemption from studying Irish? Yes / No
If yes, please submit a copy of the certificate.

Does your child have a specific learning disability, please give details:-

Is your child in receipt of any special help of any kind in primary school. If yes, please give details and attach copies of any reports or assessments that have been carried out:-

Details of education outside of the Republic of Ireland (if any):-

Brothers/Sisters currently in Scoil na Tríonóide Naofa Name	Year Currently In/Year Left
_____	_____
_____	_____
_____	_____

During the course of your child's time at Scoil na Tríonóide Naofa there may be occasions where your child may appear in photographs/videos taken during general school activities including school trips etc. which we would like to use in celebration and promotional materials throughout the school and on our website / social media.

I agree with the aforementioned and for my child's photo to be used for school purposes only

I agree that Parents Council may use my email address for correspondence

Declaration

I declare that all the above information is correct. I understand that it is my responsibility to notify the school in writing of any relevant changes that may arise in the future e.g. address, mobile phone numbers etc. I have read the school's Admission Policy and Code of Behaviour and discussed these with my son/daughter. We undertake to abide fully by the terms of these documents.

Signature of Parent/Guardian: _____ Date _____

Signature of Student: _____

Personal data collected on this form will only be used for the purpose of student and school administration, organisation and facilitation but may be disclosed to appropriate agencies including the Department of Education and others where the school has a statutory obligation.