**

***Glór na Mara N.S.***

 *Convent Hill* Email: glornamarasec@gmail.com

 *Tramore* Website: [www.glornamara.ie](http://www.glornamara.ie)

 *Co. Waterford*

🕿 *051-386104 / 386633*

***Enrolment Form 2024-2025***

***School Office Use***

 *Proposed Enrolment Date: Class: Teacher:*

*Please enclose a copy of child’s birth and baptismal certificates (if applicable) with application.*

*Parental consent to share data with the Department of Education and skills primary online database (POD) Yes: No:*

*Pupil’s First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To be called:\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date of Birth: P.P.S. Number: Gender:\_\_\_\_\_\_\_\_\_\_\_*

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

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eircode:* **(**

 **See (**<https://finder.eircode.ie/> **for Eircode)**

 *Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Religion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What language is spoken at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Former School(s)/ Pre School (s) plus Dates:*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Mother’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Mother’s maiden name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Father’s full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |  |  |
| --- | --- | --- |
| *Mother Home Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *Mobile:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *Work:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *Father Home Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *Mobile:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *Work:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *Other contact numbers i.e. Grandparents/Child Minder/Friend* |
| *Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(please specify relationship to child)* | *Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(please specify relationship to child)* | *Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(please specify relationship to child)* |
| ***Emergency Contact Number:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(please specify relationship to child)* | *Phone Number for School Text:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(please specify relationship to child)* | *Other:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(please specify relationship to child)* |
| ***Medical Information****Family Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Additional Information of Relevance (i.e. medical complaint/allergies etc.)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *Parent/Guardian* |