**

***Glór na Mara N.S.***

*Convent Hill* Email: [glornamarasec@gmail.com](mailto:glornamarasec@gmail.com)

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*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* | | |