

Sunday's Well G.N.S
Strawberry Hill
Blarney Road
Telephone : 021-4396632
Email : sundayswellgns@gmail.com

Sunday's Well Girls' National School Enrolment Form



Date of Application : _____ Proposed Year of Entry : _____

Child's Name : _____ PPS. No: _____

Date of Birth : _____ Religion : _____

Please attach Original Birth Certificate

Nationality : _____ Mother Tongue : _____

Home Address:

Name & class of sisters already in the school : _____

Place of Child in the family: ___ No. of brothers: ___ No. of sisters : ___

Mother's Name: _____ Father's Name : _____

Nationality : _____ Nationality : _____

Contact Numbers :

Mother: Mobile No.: _____ Father: Mobile No. : _____

Other No.: _____ Other No.: _____

Mobile Number to be used for Texting Service : _____

Language(s) spoken in the home: _____ Date of arrival in Ireland (if applicable) : _____

Person(s) authorised to collect this child / to be contacted if parent is not available

Name : _____ Phone No.: _____ Relationship to child : _____

Name : _____ Phone No.: _____ Relationship to child : _____

Name and address of pre-school / previous school attended: _____

Phone No. of previous school : _____

Birth Certificate Attached :

Baptismal Certificate Attached :

Please ensure that the school is notified in the event of a change to any of the above information



Name of Family Doctor : _____ Telephone No.: _____
(only if you wish)

Has your child ever been referred to a specialist by your doctor ?

Yes

No

If yes, please give brief details :

Has your child any allergies?

Yes

No

If yes , please give details: _____

(include food allergies) _____

Is your child required to take Medication in school?

Yes

No

If yes, please contact the school re : Administration of Medication Form and Policy

Emergency Contact Details : should your child become ill in school

Name : _____ Phone No.: _____ Address : _____

Name : _____ Phone No.: _____ Address : _____

Do you have any concerns in relation to your daughter's ...

Hearing

Yes

No

Speech

Yes

No

Vision

Yes

No

If you have answered yes to any / all of the above please give details :

PLEASE ATTACH A COPY OF ALL ASSESSMENTS RELATING TO YOUR CHILD'S DEVELOPMENT AND/OR NEEDS

Signed: _____

Date: _____