



**Corpus Christi Primary School,**

**Moyross Limerick**

www.corpuschristips.com

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**ENROLMENT FORM**

**Confidential**

Name of child as on Birth Certificate: .....

Male  Female

PPS Number: \_\_\_\_\_

Date of Birth: .....

Year to be enrolled: ..... Class Applying for: .....

Address: .....

Home Phone Numbers: .....

Nationality: ..... Country of birth: .....

If other than Ireland please state date of arrival in Ireland: .....

Religion: .....

<i>Office Use Only</i>
<i>Date Received:</i>
_____
<i>Intended Start Date:</i>
_____
<i>Class:</i>
_____
<i>Register No:</i>
_____

Sisters/Brothers in Corpus Christi Primary school

Name: ..... Class: .....

Name: ..... Class: .....

Name: ..... Class: .....

Is either parent/Guardian a past-Pupil of Corpus Christi Primary School

YES  NO

**DETAILS OF PARENTS:**

	<u>Mother</u>	<u>Father</u>
Name		
Address		
Email Address (please print)		
Contact Number		
Nationality		
Emergency Contact Name & Relationship to child		
Emergency Contact Number		

Languages spoken at home: .....

Has your child attended school or playschool previously? YES  NO

If, yes please state the name of the school: .....

Reason for leaving: .....  
(Reports from previous school should be included with this application.)

Please ensure that you have included the following with your application:

- 1. Fully completed application form
- 2. Birth Certificate
- 3. Baptismal Certificate (if applicable)
- 4. Reports from a previous school (if applicable)

*I/We consent for this information to be stored on the Primary Online Database (POD) and transferred to the Department of Education & Skills and to other primary schools my child may transfer to during the course of their time in primary school.*

*I understand this will only be commenced if my child is accepted into the school.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

**Personal Information Form**

All information in this form will be treated with the strictest of confidence.

Name of child: .....

Date of Birth: ..... Male  Female

Address: .....

.....

Has your child any medical condition/known allergies that the school should be aware of?

YES  NO

If yes, please state the name of the condition/allergy.

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.....

Has your child attended a speech therapist? .....

If yes, please give further details: .....

.....

.....

Has your child attended an occupational therapist? .....

If yes, please give further details: .....

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Has your child attended an educational psychologist? .....

If yes, please give further details: .....

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**Other Relevant Information**

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**Accident Form**

In the event of \_\_\_\_\_ (pupil's name) requiring medical attention for any reason during school or during any activities under supervision of the school, I consent to his/her referral to such doctor of hospital authority as the school authorities shall see fit.

I also consent to the Doctor or Hospital Authority concerned carrying out such treatment or operative measures, as may be considered necessary, including the administration of general or other anaesthetics.

**I understand that the school authorities will make every effort to contact me first.**

My Child is allergic to:

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**I give my consent:**

Signed: \_\_\_\_\_  
Parent/Guardian

**I do not give my consent:**

Signed: \_\_\_\_\_  
Parent/Guardian

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