

Our Lady of Mercy National School Stradbally, Co. Waterford

Telephone/Fax : 051 293336

Roll No. 13020 D

www.ourladyofmercyns.ie

E-mail: ourladyofmercyns@gmail.com

Enrolment Form

Child's Name : _____

Child's name in Irish please : _____

Address : _____

Telephone No. : _____

Date of Birth : _____

Religion : _____

Other siblings in our school.

Names : _____

Details of previous school attended

Name of school : _____

Address : _____

Telephone No. : _____

Class : _____

Mother's Name : Mob. No. _____

Father's Name: Mob. No. _____

Work Numbers: Mother - _____

Father - _____

Name of Family Doctor : _____

Address : _____

Telephone No. : _____

Please give full details of any relevant medical history (e.g. asthma, sight or hearing difficulties, special diet, etc.)

Please give names, address and phone no. of two people (in case of emergency, if parents or guardians cannot be reached)

1. _____ Home _____ Mob _____

2. _____ Home _____ Mob _____

Copies of your child's Birth and Baptismal certificates must be submitted with this application and will be returned to you.

I hereby apply to have my child enrolled in this school and I undertake to support school regulations and policies.

Signed: _____
Parent/Guardian.



The following section of this enrolment form is optional and will not affect your child's enrolment.

Data Protection

The information provided in this form is necessary for the work of the school and is confidential to the school. However, from time to time the school is asked to provide information to the Health Board to facilitate their work such as immunisations, sight and hearing tests and dental appointments etc. Please sign below to indicate your agreement that the Child's Personal Details be made available to the Health Board.

Signature _____ Date: _____

Furthermore, names of parents may need to be circulated to all parents to facilitate Board of Management elections. Please sign below to indicate that you agree to this.

Signature _____ Date: _____