

# Our Lady of Mercy National School Stradbally, Co. Waterford

Telephone/Fax : 051 293336

Roll No. 13020 D

[www.ourladyofmercyns.ie](http://www.ourladyofmercyns.ie)

E-mail: [ourladyofmercyns@gmail.com](mailto: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.)

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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: \_\_\_\_\_