



St. Michael's School
Castlerea
Co. Roscommon

Tel: (094) 9620523
Email: stmichaelsroscommon@gmail.com

CONFIDENTIAL
SCHOOL ENROLMENT

The School needs a Psychological Assessment and Birth Certificate for Enrolment.

Pupil's Name:

Address:
EIRCODE

P.P.S.No:	Nationality
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Date of birth	Date of Enrolment
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Home telephone no.	Emergency contact name and tel no.
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Religion(optional)	Sacraments received (if any)
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Service Provider (if relevant)

Father's Name:	Occupation
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Mother's Name (Maiden):

Guardian (s)

Previous school(s)/Centre(s)

Doctor's Name:	Pupil's Medical card no.
Tel. No.	

Is your child on Medication? Is there anything we should know about their health?

Is there any other information regarding your child that you might like us to be aware of (including dietary needs)?

Parents/Guardians can access the St. Michael's Code of Behaviour and other Policies by appointment at the School.

I consent for information about my child to be stored and shared in accordance with data protection guidelines of the Department of Education and Skills and with St. Michael's school policy.

Signed.....

Date