

**Scoil Mhuire, Woodview Heights, Lucan, Co. Dublin**

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| **Junior Infants** |
|  |

**PPS NO**

**Name of Créche/Pre-School/Montessori/ Primary school currently attending:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| **Childs Full Name on Birth certificate** |  |
| **Country of Birth** |  |
| **Date of Birth****(Birth certificate must be included with this application)** |  |
| **Male or Female** |  |
| **Religion** |  |
| **Home Address****(Utility bill, (gas/electric/waste), must be included with this application)** |  |
| **Brothers/ Sisiters who have attended or are attending this school** |  |
| **Place of child in the Family** |  |

|  |  |
| --- | --- |
| **Mothers Name** |  |
| **Country of Birth** |  |
| **Home Address** |  |
| **Mobile Phone**  |  |
| **Email** |  |

|  |  |
| --- | --- |
| **Father’s Name** |  |
| **Home Address** |  |
| **Country of Birth** |  |
| **Mobile Phone** |  |
| **Email** |  |

**For Parents that are living together only one text alerting you of school messages will be sent. Please indicate by ticking the box below the number which will receive these texts.**

**Mother Father**

**Emergency Contact**

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| --- | --- |
| **Emergency Contact** |  |
| **Contact Number** |  |
| **Relationship to child** |  |
| **Name of Family Doctor** |  |
| **Family Doctor Telephone** |  |

**Signed; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**