

Enrolment Form.

Chairperson,
Board of Management,
Siobhán Ambrose.

Ss. Peter & Paul's,
Christian Brothers,
Primary School,
Kickham St.,
Clonmel.

Principal.
John Hickey

(052) 6121964.

email: peterandpauls2@eircom.net

School Motto:
Cairdeas
(Friendship)

Child's Name in full: _____

Address: _____

_____ Home Telephone No.: _____

Date of Birth: _____ Religion: _____

Place of Baptism: _____ Date of Baptism: _____

Proposed Date of Entry: _____

Place of child in family: _____ No of children in family: _____

Name & Age of Children: _____

Language spoken at home: _____ Country of Birth: _____

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Work Telephone No.: _____ Work Telephone No.: _____

Previous School attended by your child (if any): _____

Address: _____

Telephone No.: _____ Class child is currently enrolled in: _____

Reason for Transfer: _____

Did your child require remedial help in English or Maths? _____

MEDICAL.

Pupils sometimes take ill in school and need to be taken home. On such occasions there may not always be somebody at home. It is necessary to have an address/phone number of someone we can contact in an emergency:

_____ Telephone No.: _____

Family/Child's Doctor: _____ Telephone No.: _____

If you cannot be reached do you consent to the principal contacting your family or school doctor?

Yes

No

If no what action do you wish the school to take: _____

Any other relevant information: _____

It is a condition of enrolment that you agree to accept and comply with the rules and policies of Ss. Peter & Paul's as decided by the Board of Management.

Please sign below if you agree to this condition.

Parents/Guardian Signature: _____ Date: _____

All Information is confidential. It will only be used to help ensure the safe and well being of your child.

Completion of this form does not guarantee a place in the school.