

MOATE COMMUNITY SCHOOL
APPLICATION FORM

PUPIL'S NAME: _____ DATE OF BIRTH: _____

PPS NUMBER: _____ NATIONALITY: _____

ADDRESS: _____

CONTACT NUMBER: HOME: _____ MOBILE: _____

EMERGENCY NUMBER: _____ FATHER'S NAME: _____

MOTHER'S NAME: _____ MOTHER'S MAIDEN NAME: _____

TO WHOM SHOULD ALL CORRESPONDENCE BE SENT? _____

USING SCHOOL TRANSPORT: YES/NO _____ GOING HOME FOR LUNCH: YES/NO _____

MEDICAL CARD HOLDER: YES/NO _____ NUMBER: _____

DOCTOR'S NAME: _____ NATIONAL SCHOOL ATTENDED _____

LAST SCHOOL ATTENDED: _____

NAMES OF BROTHERS / SISTERS PRESENTLY ATTENDING MCS

| NAME | YEAR |
|------|------|
| | |
| | |
| | |

NAMES OF BROTHERS /SISTERS WHO PREVIOUSLY ATTENDED MCS

| NAME | YEAR |
|------|------|
| | |
| | |
| | |

PLEASE INDICATE WHICH FOREIGN LANGUAGE YOUR CHILD WISHES TO STUDY
FRENCH OR SPANISH

HAS YOUR CHILD BEEN GRANTED AN EXEMPTION FROM STUDYING IRISH?
YES NO IF YES, PLEASE STATE REASON: _____

HAS YOUR CHILD UNDERTAKEN A PSYCHOLOGICAL ASSESSMENT? YES NO
IF YES, PLEASE ATTACH A COPY OF THE REPORT.

SIGNED: _____ DATE: _____
Parent/Guardian

ENROLMENT INTO: 1ST _____ 2ND _____ 3RD _____ TY _____ 5th _____ 6th _____

ENROLLED BY: _____

**MOATE COMMUNITY SCHOOL
MEDICAL INFORMATION FORM**

Student's Name: _____ Date of Birth: _____

Telephone Number: _____ Emergency Number: _____

Doctor's Name: _____

Please state general health: _____

| HAS YOUR CHILD NOW OR PREVIOUSLY HAD? | YES | NO |
|-----------------------------------------------------|-----|----|
| Heart problems | | |
| Recent surgery | | |
| Breathing or lung problems | | |
| Back problems | | |
| Muscle or joint problems | | |
| Has your child diabetes? | | |
| Has your child epilepsy? | | |
| Has your child asthma? | | |
| Has your child any difficulty in physical activity? | | |
| Has your child any current injuries? | | |
| Has your child any hearing problems? | | |
| Has your child any problems with his/her eyesight? | | |

Has your child any other disability? Yes No If Yes please state:

Has your child any illness or allergies of any kind that the school may need to be aware of?
Yes No If Yes please give full details:

Is your child currently on any medication? Yes No If Yes please give full details:

Is there any Special Medical Information relating to your child that the school should be aware of?
Yes No If Yes please give full details:

In the event of an accident or emergency, has the school your permission to seek medical assistance for your child? Yes No

Parent's/Guardian's Signature: _____ Date: _____