

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: _____