



APPLICATION FORM
St. Maries of the Isle Primary School,
Bishop Street, Cork
Tel: 021 4963994 E-mail: info@stmariesps.ie

Pupil first name _____ **Name used:** _____
Pupil surname: _____ Male Female
Address: _____ **Eircode:** _____
Date of Birth: _____ **Nationality:** _____ **Language spoken at home:** _____
(Please supply Birth Certificate, this will be photocopied and returned)
Religion: _____ **PPS number:** _____
(Please supply Baptismal Cert. if Catholic)

Does any legal order under family law exist of which the school should be made aware? _____
It is essential that the school be made aware of any court order or family arrangement which might affect the child's welfare. It is also essential that the school be informed of any individual into whose custody the child should not be given. These matters should be discussed with the School Principal.

If the parent is single or separated, are notifications of meetings /reports required in duplicate?
Yes No

Mother : _____ Father: _____
Phone No. _____ Phone No. _____
e-mail _____ e-mail _____

Brother/sister in St. Maries of the Isle (names) : _____

Child's previous school (Pre-school/Primary School) : _____

Allergies/Medical Conditions : _____ (if your child requires medication in school you must call to the office and complete an Administrations of Medicines form)

If parents cannot be contacted, please supply names phone numbers of emergency contacts:

1. _____ 2. _____

Name and phone number of family G.P. : _____

Signature of Parents/Guardians : _____ Date : _____